

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010820					
1. Entity Name CEGO PROPERTIES, L.L.C.					
Principal Place of Business 1492 S. MIAMI AVENUE MIAMI FL 33130			Mailing Address 1492 S. MIAMI AVENUE MIAMI FL 33130		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2047755	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TANEN, JEFFREY S 2 SOUTH BISCAYNE BLVD., SUITE 3250 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	GOESEKE, NICKEL			NAME	UN00000303211		
STREET ADDRESS	1492 S MIAMI AVE			STREET ADDRESS	04/13/05-80104-010 50.00		
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	GOESEKE-CERVERA, VERONICA			NAME			
STREET ADDRESS	1492 S MIAMI AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-10-05 (205) 359-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #