2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State
04-28-2006 90020 037 ****55.00

DOCUMENT # L02000017508

1. Entity Name
C & G PROPERTIES, LLC.

Principal Place of Business	Mailing Address
1681 NW 100 WAY FORT LAUDERDALE FL 33322	1681 NW 100 WAY FORT LAUDERDALE FL 33322

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
215 SW 125 Ave.	215 SW 125 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: plantation, Fl.	City & State: plantation, Fl.
Zip: 33325 Country: Broward	Zip: 33325 Country: Broward

4. FEI Number 61-1419042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAHCHEH, ABDAUAH
9971 NORTHWEST SECOND COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: BLEIBEL, RINA
Street Address (P.O. Box Number is Not Acceptable): 215 SW 125th Ave.
City: plantation FL Zip Code 33325

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAHCHEH, ABDAUAH 9971 NW 2ND CT. PLANTATION FL 33324	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEIBEL, RINA 215 SW 125 Ave. plantation, FL 33325	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] 4-10-06 954-472-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #