


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90198 004 ****55.00

DOCUMENT # L03000014210					
1. Entity Name CG I, LLC					
Principal Place of Business 5425 PARK CENTRAL COURT NAPLES, FL 34109 <i>See change below</i>			Mailing Address 159 S. MAIN STREET SUITE 500 AKRON, OH 44308		
2. Principal Place of Business - No P.O. Box # 9010 Strada Steil Court			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc. Unit 207			Suite, Apt. #, etc.		
City & State Naples, Florida			City & State		
Zip 34109		Country USA		4. FEI Number 06-1688821	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICE, ROGER B 5425 PARK CENTRAL COURT NAPLES, FL 34109 <i>See change</i>			7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 9010 Strada Steil Court Unit 207 City: Naples FL Zip Code: 34109		
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: <i>Roger B. Rice</i> DATE: 1-30-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENNAN HOLDINGS, LLC 159 S. MAIN ST. STE 500 AKRON, OH 44308	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNSET VIEW MGMT CO., LLC 159 S. MAIN ST STE 500 AKRON, OH 44308	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.					
SIGNATURE: <i>Joseph R. Weber, Vice President</i>				Date: 1/22/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	