


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000021396**

1. Entity Name  
**CG MIC LLC**



Principal Place of Business <b>C/O JOEL B. GILES, ESQ          200 CENTRAL AVE, STE 2300          ST PETERSBURG, FL 33701</b>	Mailing Address <b>CG MIC LLC          PO BOX 23887          TAMPA, FL 33623</b>
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**DO NOT WRITE IN THIS SPACE**



03172008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>56-2379277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC  
 CORPORATE CENTER THREE AT INT'L PLAZA  
 4221 W. BOY SCOUT BLVD, 10TH FLOOR  
 TAMPA, FL 33607-5736**

**DO NOT WRITE IN THIS SPACE**

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 remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000904831  
 05/01/08-20028-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MCNEEL, CLAYTON W 5401 WEST KENNEDY BLVD SUITE 751 TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPDS WOOD, RENE M 5401 WEST KENNEDY BLVD SUITE 751 TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  **Rene M. Wood, VPDS** April 1, 2008 813/286-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #