
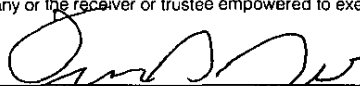


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90017 016 \*\*\*\*50.00

DOCUMENT # L03000021693					
<b>1. Entity Name</b> CG FLB LLC					
<b>Principal Place of Business</b> C/O JOEL N. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701			<b>Mailing Address</b> C/O JOEL N. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 56-2379280	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CRFA, LLC 777 S HARBOUR ISLAND BLVD, 7TH FLOOR TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Fred B. Bullard, Jr. 2325 Ulmerton Road, Suite 20 Clearwater, Florida 33762	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 			FRED B. BULLARD, JR., Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <span style="float: right;">4/29/04</span> Daytime Phone #		