

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L03000023396

1. Entity Name  
CGT, LLC



Principal Place of Business

1425 NW 6TH STREET  
GAINESVILLE, FL 32601 US

Mailing Address

1425 NW 6TH STREET  
GAINESVILLE, FL 32601 US

FILED  
06 APR -6 PM 2:59  
TALLAHASSEE, FLORIDA



02212006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number  
56-2874873

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, GEORGE K  
4420 CORTEZ BLVD  
BROOKSVILLE, FL 34607

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FOSTER, GEORGE K  
4420 CORTEZ BLVD  
BROOKSVILLE, FL 34607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SALAFINO, CARL  
1425 NW 6TH ST  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GARCIA, TAMMY  
21818 NW CR 2054  
ALACHUA, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3/27/06

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/06 352 371-4333