


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90001 013 \*\*\*\*50.00

**DOCUMENT # L03000028803**

1. Entity Name  
**CNG ENTERPRISES, LLC**



Principal Place of Business  
**353 CROSSROADS LAKE DRIVE  
 PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**353 CROSSROADS LAKE DRIVE  
 PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07272004 Chg-LLC CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

**GOODALL, HARRISON M.  
 353 CROSSROADS LAKE DRIVE  
 PONTE VEDRA BEACH, FL 32082**

4. FEI Number  
**30-0192983**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$50.00 Due by September 8, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**MGRM  
 HARRISON M. GOODALL  
 353 CROSSROADS LAKE DR.  
 PONTE VEDRA BEACH, FL 32082**

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.

SIGNATURE: *Harrison M. Goodall* Date: 12 Aug '04 914-290-6998

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