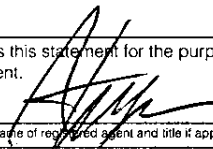
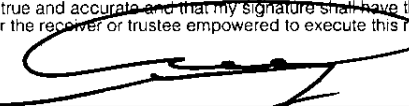


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90183 039 ****50.00

DOCUMENT # L03000033693					
1. Entity Name CMG HOLDINGS, L.L.C.					
Principal Place of Business 12444 S.W. 127TH AVE. MIAMI, FL 33186			Mailing Address 12444 S.W. 127TH AVE. MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUPFER, PAUL H 1700 UNIVERSITY DR, STE. 110 CORAL SPRINGS, FL 33071			Name <u>KUPFER PAUL H</u> Street Address (P.O. Box Number is Not Acceptable) <u>5541 University Drive Suite 103</u> City <u>Coral Springs</u> FL Zip Code <u>33067</u>		
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 		PAUL H. KUPFER		5/25/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS M 12444 S.W. 127TH AVE. MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE: 		5/19/06 305-251-1419 Date Daytime Phone #			