

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 026 ****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 - No P.O. Box # 12448 SW 127 AVE		3. Mailing Address 12448 SW 127 AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami FL		City & State Miami FL		4. FEI Number 55-0844869	
Zip 33186		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KUPFER, PAUL H 5541 UNIVERSITY DRIVE SUITE 103 CORAL SPRINGS, FL 33067			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 12448 SW 127 AVE Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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: _____			Date 01/15/07 Daytime Phone # 305 251 1419		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					