2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 30, 2004 8:00 am Secretary of State DOCUMENT # L03000035579 03-15-2004 90434 022 ****50.00 CGL INVESTMENTS, LLC Principal Place of Business Mailing Address 7402 PARK SPRINGS CIRCLE . ORLANDO FL 32835 7402 PARK SPRINGS CIRCLE ORLANDO FL 32835 34002392 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State Applied For City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent v + 4 v - 5 - 2 - 2 - 2 BRADLEY, RICHARD-524 SIMPSON ROAD Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE Change ■ Addition NAME GROSS, CHARLES N JR. NAME STREET ADDRESS 25 EAST 17TH STREET STREET ADDRESS CITY-ST-2IP ST CLOUD FL 34769 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Addition NAME GROSS, CHARLES N III NALIF STREET ADDRESS 25 EAST 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 Delete MILE TITLE Change ☐ Addition NAME VENTURE HOLDINGS, INC. NAME STREET ADDRESS 7402 PARK SPRINGS CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LANE, TIMOTHY G NAME STREET ADDRESS 3219 SOUTH ATLANTIC AVENUE STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP THLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

FILED

Daytime Phone 4