.2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 02, 2007 8:00 am DOCUMENT # L03000035579 **Secretary of State** 1. Entity Name 02-02-2007 90037 047 ****50.00 CGL INVESTMENTS, LLC Principal Place of Business Mailing Address 1947 BLACK LAKE BOULEVARD WINTER GARDEN FL 34787 1947 BLACK LAKE BOULEVARD WINTER GARDEN FL 34787 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 26-0071471 Not Applicable Zip Country Zip 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 Name CHESNUT, BERT Street Address (P.O. Box Number is Not Acceptable) 1947 BLACK LAKE BOULEVARD WINTER GARDEN FL 34787 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, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES 11111 MGRM ☐ Delete шы Change ☐ Addition NAMi GROSS, CHARLES N JR. NAMI STREET ADDRESS STREET ADDRESS 25 EAST 17TH STREET CHY ST ZIP CHY ST ZIP ST CLOUD FL 34769 ☐ Defete HITE MGRM Change ■ Addition NAMI GROSS, CHARLES N III STREET ADDRESS STREET LADDRESS 25 EAST 17TH STREET CHY ST ZIP CHY ST-7IP **ST. CLOUD FL 34769** MILL Defete 1011 Change ☐ Addition NAMI NAMI VENTURE HOLDINGS, INC. STREET ADDRESS STRULT ADDRESS 1947 BLACK LAKE BOULEVARD CHY SI-70P CHY ST ZIP WINTER GARDEN FL 34787 HILLE ☐ Delete HDE Change 1 ■ Addition Lane, Timothy NAME LANE, TIMOTHY G NAMI 1393 Grand View Blvd STREET ADDRESS STREET LADDRESS 3219 SOUTH ATLANTIC AVENUE CITY ST-ZIP CHY ST 7P Kissimmee, FL 34744 COCOA BEACH FL 32931 ☐ Delete niii ☐ Change ■ Addition HILL NAME STRILL ADDRESS STREET ADDRESS CHY ST ZIP CHY SE-ZIP ☐ Addition HILL ☐ Delete TITLE Change NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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