


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 036 \*\*\*\*50.00

DOCUMENT # L03000051821					
<b>1. Entity Name</b> CGTR PROPERTIES, LLC					
<b>Principal Place of Business</b> 4611 W. LONGFELLOW AVE. TAMPA, FL 33629			<b>Mailing Address</b> 4930 S. MELROSE AVENUE TAMPA, FL 33629		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-0415318			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DOMINGUEZ, JOSEPH C ESQUIRE 4224 W. HENDERSON BLVD. TAMPA, FL 33629-5611			Name Street Address (P.O. Box Number is Not Acceptable) 4611 W. Longfellow Ave City Tampa FL Zip Code 33629		
<b>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.</b> SIGNATURE _____ DATE 08/01/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph C. Dominguez 4611 W. Longfellow Ave Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, GILMORE A 4930 S. MELROSE AVE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: _____			08/01/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		