

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000012489

Entity Name: C.T.G., LLC

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

294 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

294 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNACCHI, TIM C
294 NORTH NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

GARRARD, FRANCES R MGRM
294 N. NOVA ROAD
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: FRANCES R. GARRARD

04/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARRARD, EUGENE B III
Address: 294 NORTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: GARRARD, FRANCES R
Address: 294 NORTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete
Name: BERNACCHI, TIM C
Address: 294 NORTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: RIVELA, RAY G
Address: 294 N. NOVA ROAD
City-St-Zip: ORMONDBEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANCES R. GARRARD

MGRM

04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date