2005 LIMITED LIABILITY COMPANY

FILED Apr 27, 2005 8:00 am

ANNUAL REPORT						Secretary of State			
DOCUMENT # L04000029492						04-27-2005	•		
Entity Name CG FLORIDA PROPERTIES, LLC									
Principal Place		s	Mailing Address						
4747 COLLIN 516	NS AVENUE		4747 COLLINS AVENUE SUITE 516		1	4002481			
MIAMI BEACH	H, FL 33140	0	MIAMI BEACH, FL 3314	0	(RI BERM BESIL BELM BELM BELM	1 8511R (1818 1811		
2. Principal Place of Business 709 FIF7H AVENUE		3. Mailing Address 404 F1F7h AVENUE							
Suite, Apt. #, etc. イグ ドムル		Suite, Apt. #, etc. 43 FLook		04192005	Chg-LLC	CR2E08	3 (10/03)		
City & State NEW 42KK, N4		City & State NEW 4324, N4		4. FEI Numb	o867483		_ — — —	plied For t Applicable	
Zip 100 8	•	Country V 5 A	Zip 3018	Country	5. Certificat	a of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current R	legistered Agent	Name	7. Name an	d Address of New R	egistered A	gent	·
LIEBER, OREN ESQ.					(D.O. D N				
555 NE 15 SUITE 100		ET		Street Add	dress (P.O. Box Numi	per is Not Acceptable			
MIAMI, FL									
				City			FL	Zip Code	Ð
	named entit		the purpose of changing its	registered office or re	egistered agent, or b	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
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I CICNIATI IDE									
SIGNATURE .	Signature, typed	for printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signature	e required when reinstating)		DATE		
Fi	iling Fee	or printed name of registered agent as is \$50.00 y 1, 2005	nd title if applicable. (NOTE	Registered Agent signature	required when reinstating)	į.	DATE e check pa n Departme	-	
Fi	iling Fee	is \$50.00		Registered Agent signature	rrequired when reinstating)	į.	e check pa i Departme	-	3
9.	iling Fee ue by Ma	is \$50.00 y 1, 2005 MANAGING MEMBER		10.	required when reinstating)	Florida	e check pa i Departme	-	Addition
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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 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: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #