


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062192
1. Entity Name
CG BEACH STREET, LLC



Principal Place of Business
619 N. BEACH STREET
DAYTONA BEACH, FL 32114

Mailing Address
619 N. BEACH STREET
DAYTONA BEACH, FL 32114



04042007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1530284

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CHARLES A
619 N. BEACH STREET
DAYTONA BEACH, FL 32114

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000738168
05/11/07-80049-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODEMOTE, HAROLD L II 2465 JERRY CIR PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, CHARLES A 305 JOHN ANDERSON DR ORMOND BEACH, FL 32176
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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.

SIGNATURE: *Harold L. Goodemote* # *4/24/07* Date *(386) 257-3570* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HAROLD L. GOODEMOTE, II