

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062192

Entity Name: CG BEACH STREET, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

619 N. BEACH STREET  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

619 N. BEACH STREET  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 20-1530284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOODEMOTE, HAROLD L II  
Address: 2465 JERRY CIR  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM ( ) Delete  
Name: COLEMAN, CHARLES A  
Address: 305 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOODEMOTE, HAROLD L II  
Address: 2600 SPRUCE CREEK BLVD.  
City-St-Zip: PORT ORANGE, FL 32128

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HAROLD L. GOODEMOTE

MGRM

04/14/2009

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