

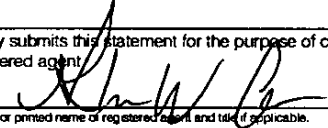
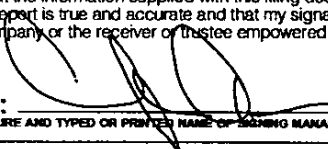


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90023 050 \*\*\*\*50.00

<b>DOCUMENT # L04000065255</b> 1. Entity Name <b>C &amp; G PROPERTIES OF PALM BEACH LLC</b>					
Principal Place of Business <b>16153 68TH STREET NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address <b>16153 68TH STREET NORTH LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business <b>3196 N. Jog Rd</b> Suite, Apt. #, etc. <b>6107</b> City & State <b>West Palm Beach, FL</b> Zip <b>33411</b>		3. Mailing Address <b>3196 N. Jog Rd</b> Suite, Apt. #, etc. <b>6107</b> City & State <b>West Palm Beach, FL</b> Zip <b>33411</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-1596490</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AHO, GLENN 16153 68TH STREET NORTH LOXAHATCHEE, FL 33470</b>			7. Name and Address of New Registered Agent Name <b>Glenn Aho</b> Street Address (P.O. Box Number is Not Acceptable) <b>3196 N. Jog Rd Suite 6107</b> City <b>WPB</b> <b>FL</b> Zip Code <b>33411</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. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRGM AHO, GLENN 16153 68TH STREET NORTH LOXAHATCHEE, FL 33470</b>	<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	<b>MRGM AHO, CHERYL 16153 68TH STREET NORTH LOXAHATCHEE, FL 33470</b>	<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
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:</b> 				<b>3-2-06</b> Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					