2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000094066

1. Entity Name C172HG, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

13121 SW 70 AVENUE PINECREST, FL 33156 Mailing Address

P.O. BOX 560339 MIAMI, FL 33256



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC CR

CR2E083 (12/07)

4, FEI Number 33-1106997

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, HENRY 13121 SW 70 AVENUE PINECREST, FL 33156

DO NOT WRITE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Recistered Assett shouldure required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000895232 04/24/08-80060-015 138.75

9	MANAGING MEMBERS/MANAGERS	
TITLE , NAME STREET AODRESS CITY-ST-ZIP	MGR GEORGE, HENRY 13121 SW 70 AVENUE PINECREST, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the latest the information amplied with this filling date and qualify for the	venetions contained in Chapter 110 Florida Statute Lightly continued that the information

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:

Henry GEOrge

4-8-08

305-871-5270

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

Date

Daytime Phone #