


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90050 049 \*\*\*\*\*50.00

<b>DOCUMENT # L05000009083</b>	
1. Entity Name <b>C &amp; G, LLC</b>	

Principal Place of Business <b>9005 SW 68TH AVENUE MIAMI, FL 33156</b>	Mailing Address <b>9005 SW 68TH AVENUE MIAMI, FL 33156</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Pinecrest, Florida</b>	City & State <b>Pinecrest, Florida</b>
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Zip <b>33156</b>	Country	Zip <b>33156</b>	Country
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6. Name and Address of Current Registered Agent
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<b>SANCHEZ, CARLOS G M.D. 9005 SW 68TH AVENUE MIAMI, FL 33156</b>
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30000731



02132006	Chg-LLC	CR2E083 (11/05)
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4. FEI Number <b>20-2463567</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent
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Name <b>Carlos G. Sanchez, M.D.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>9005 S.W. 68th Avenue</b>
City <b>Pinecrest</b> <b>FL</b> Zip Code <b>33156</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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Gladys Sanchez 9005 S.W. 68th Avenue Pinecrest, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<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.

SIGNATURE: <b>Gladys M. Sanchez</b>	Date: <b>2/15/06</b>	Daytime Phone #: <b>(305) 668-6234</b>
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