

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 045 ****55.00

DOCUMENT # L05000019364			
1. Entity Name C & G INVESTORS, LLC			
Principal Place of Business 419 RED HAWK DRIVE JUPITER, FL 33418		Mailing Address 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1741522		Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HELGESEN, ANDREW ESQ 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 required for all filings. Signature of registered agent not required if applicable. (NOT) Registered Agent signature required when reappointing.			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANJOORIAN, CRISTINE 419 RED HAWK DRIVE JUPITER, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAMASI, GEORGE H 419 RED HAWK DRIVE JUPITER, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 duly authorized officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Adunoorian</i>		4/27/06 561-626-2611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	