

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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**



02012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANJOORIAN, CRISTINE
STREET ADDRESS	419 RED HAWK DRIVE
CITY-ST-ZIP	JUPITER, FL 33418
TITLE	MGR
NAME	TAMASI, GEORGE H
STREET ADDRESS	419 RED HAWK DRIVE
CITY-ST-ZIP	JUPITER, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000639177
02/28/07-80015-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: *Crystine Anjoorian*

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

2/15/07
Date

Daytime Phone #