مجتبر لأمصيقيس

9.

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019364

1. Entity Name

C & G INVESTORS, LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

419 RED HAWK DRIVE JUPITER, FL 33418 Mailing Address

11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC

CR2E083 (12/07)

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

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

MANAGING MEMBERS/MANAGERS

HELGESEN, ANDREW ESQ 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410

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8.	. The above named entity submits this statement for the purpose of changing its registered	office or registered agent, or both, in the State	e of Florida.	I am familiar with, and accep	jt
	the obligations of registered agent.				

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	INFORMATION INCIDENTALIANCE TO
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	
TITLE	
NAME	·
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the

000000783638 01/16/08-80022-021 138.75

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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1/11/08

Daytime Phone #