

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90066 004 ***138.75

DOCUMENT # L05000023816	
1. Entity Name CANE GARDEN INVESTMENT GROUP, LLC	

Principal Place of Business 131 SE 3RD AVENUE 102 DANIA BEACH FL 33004	Mailing Address P.O. BOX 506 DANIA BEACH FL 33004
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2. Principal Place of Business - No P.O. Box # 426 S.E. 6TH STREET	3. Mailing Address 426 S.E. 6TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State DANIA BEACH, FLORIDA	City & State DANIA BEACH, FLORIDA
Zip 33004	Zip 33004
Country U.S.A	Country U.S.A

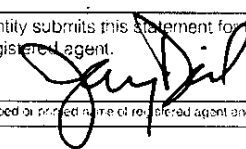
4. FEI Number 20-2533524	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SUSAN M. GARCIA, P.A. 901 PONCE DE LEON BLVD. SUITE 606 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent	
Name JAY DICK	
Street Address (P.O. Box Number is Not Acceptable) 426 S.E. 6TH STREET	
City DANIA BEACH	FL Zip Code 33004

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.

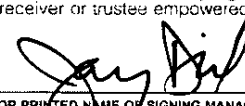
SIGNATURE  DATE **2/11/08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM JCD PROPERTIES INC. P.O. BOX 506 DANIA BEACH FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/11/08 954-629-2049**

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