

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

01-10-2006 90041 011 ****50.00

DOCUMENT # L05000048757 1. Entity Name C.G.P. INVESTORS, LLC					
Principal Place of Business 7900 N. UNIVERSITY DRIVE, SUITE 202 TAMARAC, FL 33321			Mailing Address 7900 N. UNIVERSITY DRIVE, SUITE 202 TAMARAC, FL 33321		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01062006 Chg-LLC CR2E083 (11/05)	
City & State 		City & State 		4. FEI Number 80-2893748	
Zip 		Zip 		Applied For Not Applicable	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUICE, JAMES 11911 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name MICHAEL PERILLO Street Address (P.O. Box Number is Not Acceptable) 1189 7900 N UNIVERSITY DR City CORAL SPR TAMAARAC FL Zip Code 33321	
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 1/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when releasing)</small>					
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 GUICE, JAMES 11911 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL PERILLO 1189 WINGED FOOT TER CORAL SPRINGS, FLA 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEITH CARLSON 8251 NW 124 AVE CORAL SPRINGS, FLA 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:			Date 1/5/06 Daytime Phone # 726 8858 954-46877		

ATTACHMENT
30080305
L05000048757



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2006

C.G.P. INVESTORS, LLC
7900 N. UNIVERSITY DRIVE, SUITE 202
TAMARAC, FL 33321

Subject: C.G.P. INVESTORS, LLC

Reference Number: L05000048757

FILED
OUT
SEND
BACK!

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION