## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.05000075063 ATTE SO

## FILED Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90021 033 \*\*\*\*50.00

1. Entity Name CNG REAL ESTATE, LLC			N. S.			04-25-2000 7	0021 02	,,,		
Principal Place of Business 2950 N. ANDREWS AVENUE EXTENSION, STE 120 POMPANO BEACH, FL 33064		Mailing Address 2950 N. ANDREWS AVENUE EXTENSION, STE 12 POMPANO BEACH, FL 33064		)						
,					 					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numbe 20 - 3	252464			pplied For		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
6. N	ame and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered A	\gent	-	
HAGEN & HAGEN, P.A.			L'	Name						
3531 GRIFFIN RO FT. LAUDERDAL	OAD		;	Street Address (P.O. Box Number is Not Acceptable)						
				City			EI	Zip Code	ө	
The above named entity submits this statement for the purpose of changing its region.			egistered							
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										
					1				1	
Filing Fo	ee is \$50.00 May 1, 2006						-	ayable to ent of State	9	
Due by (	ee is \$50.00 May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.				Departm	ent of State	8	
9.	May 1, 2006  MANAGING MEMBEI  PROVE FOUTURE	7.1 □ Defete	TITLE			Florida	Departm	ent of State	Addition	
9.  TITLE PACS CH	May 1, 2006  MANAGING MEMBEI  PROLESOUENA  SO N. AHDIEUS	U Delete  NE EXT \$120	TITLE NAME STREET	ADORESS		Florida	Departm	ent of State		
9.  VIILE PACS CY NAME STREET ADDRESS CITY-ST-ZIP FOR	May 1, 2006  MANAGING MEMBEI  PROCESOUEVA  SO N. AHDREUS  MPARO BEACH, P	71 Delete NE EXT \$120 ( 33064	TITLE NAME			Florida	Departm	ent of State		
9.  VITLE PACS CYNAME STREET ADDRESS CITY-ST-ZIP  VITLE V ROS  CITY-ST-ZIP	May 1, 2006  MANAGING MEMBEI  PROCESOUEVA  SO N. AHDREUS  MPARO BEACH, P	71 Delete NE EXT \$120 ( 33064	TITLE NAME STREET A CITY-ST TITLE NAME	-ZiP		Florida	Departm	ent of State	☐ Addition	
9.  VIILE PACS CYNAME STREET ADDRESS CITY-ST-ZIP  V. PT ROE NAME STREET ADDRESS 2 9 5	May 1, 2006  MANAGING MEMBEI  PROLESOUENA  SO N. AHDREUS  MPARO BEACH, P  becto ESQUENATI  ON N. AKDREUS  A	71	TITLE NAME STREET A CITY-ST TITLE NAME	- ZIP ADDRESS		Florida	Departm	ent of State	☐ Addition	
9.  TITLE PACS CF NAME STREET ADDRESS CITY-ST-ZIP POR TITLE V.Pres ROBE CITY-ST-ZIP POR TITLE	May 1, 2006  MANAGING MEMBEI  PROCESOUEVA  SO N. AHDREUS  MPARO BEACH, P	71	TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	- ZIP ADDRESS		Florida	Departm	ent of State	☐ Addition	
9.  TITLE PACS CIPNAME STREET ADDRESS CITY-ST-ZIP POR ROME STREET ADDRESS CITY-ST-ZIP POR ROME STREET ADDRESS CITY-ST-ZIP POR	May 1, 2006  MANAGING MEMBEI  PROLESOUENA  SO N. AHDREUS  MPARO BEACH, P  becto ESQUENATI  ON N. AKDREUS  A	71	TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	- ZIP ADDRESS		Florida	Departm	Change	Addition	
9.  TITLE PRES CF NAME STREET ADDRESS CITY-ST-ZIP TITLE V.Pres Roll STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	May 1, 2006  MANAGING MEMBEI  PROLESOUENA  SO N. AHDREUS  MPARO BEACH, P  becto ESQUENATI  ON N. AKDREUS  A	71 □ Delete  NE EXT #120  C 3306 4  Delete  1-VE EXT #120  3306 4  □ Delete	TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS - ZIP		Florida	Departm	Change	Addition 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AU	THORIZED REPRESENTATIVE Date	Osytime Phone #	
SIGNATURE: Caral Esqueray CARRO	LESQUENAZI 4-19-06	, 954-937-6030	