

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90021 033 ****50.00

DOCUMENT # L05000075963					
1. Entity Name CNG REAL ESTATE, LLC					
Principal Place of Business 2950 N. ANDREWS AVENUE EXTENSION, STE 120 POMPANO BEACH, FL 33064			Mailing Address 2950 N. ANDREWS AVENUE EXTENSION, STE 120 POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3252464				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAGEN & HAGEN, P.A. 3531 GRIFFIN ROAD FT. LAUDERDALE, FL 33312			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 <i>PRES</i> NAME <i>CAROL ESQUENAZI</i> <input type="checkbox"/> Delete STREET ADDRESS <i>2950 N. ANDREWS AVE EXT #120</i> CITY-ST-ZIP <i>POMPANO BEACH, FL 33064</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <i>V.PRES</i> NAME <i>ROBERTO ESQUENAZI</i> <input type="checkbox"/> Delete STREET ADDRESS <i>2950 N. ANDREWS AVE EXT #120</i> CITY-ST-ZIP <i>POMPANO BEACH, FL 33064</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE _____ <input type="checkbox"/> Delete 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: <i>Carol Esquenazi</i> <i>CAROL ESQUENAZI</i> <i>4-19-06</i> <i>954-937-6030</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					