

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90124 004 ***138.75

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03202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000075963 1. Entity Name CNG REAL ESTATE, LLC					
Principal Place of Business 2950 N. ANDREWS AVENUE EXTENSION SUITE 120 POMPANO BEACH, FL 33064			Mailing Address 2950 N. ANDREWS AVENUE EXTENSION SUITE 120 POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 1241 N.W. 11 St.		3. Mailing Address 1241 NW 11 St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PLANTATION, FL		City & State PLANTATION, FL		4. FEI Number 20-3252464	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGEN & HAGEN, P.A. 3531 GRIFFIN ROAD FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESQUENAZI, CAROL 2950 NORTH ANDREWS EXT #120 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUENAZI, ROBERTO 2950 NORTH ANDREWS AVE EXT #120 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: <u>Carol Esquenazi</u>		<u>4-7-08</u>		<u>954 937-6030</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	