



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 007 ****50.00

DOCUMENT # L05000111554					
1. Entity Name CG 108, LLC					
Principal Place of Business 151 E. WASHINGTON ST. STE. 617 ORLANDO, FL 32819			Mailing Address 151 E. WASHINGTON ST. STE. 617 ORLANDO, FL 32801		
2. Principal Place of Business 481 E. Webster Ave. Suite, Apt. #, etc.		3. Mailing Address 481 E. Webster Ave. Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 20-4078153	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRD, ROBIN U. 151 E. WASHINGTON ST. STE. 617 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: H. E. Davis Street Address (P.O. Box Number is Not Acceptable): 481 E. Webster Ave. City: Winter Park, FL Zip Code: 32789		
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: <i>H. E. Davis</i> DATE: 8-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00. Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYRD, ROBIN U 151 E. WASHINGTON ST., STE.617 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H. E. Davis 481 E. Webster Ave. Winter Park, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, SHERRY R 151 E. WASHINGTON ST., STE. 617 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sherry R. Davis 481 E. Webster Ave. Winter Park, FL	<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	MGRM Robin U. Byrd 5132 Fairway Oaks Dr. Windermere, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James S. Byrd, Jr. 5132 Fairway Oaks Dr. Windermere, FL 32746	<input type="checkbox"/> Change <input checked="" 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: <i>Sherry Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8-21-06 <small>Date</small>		407-647-2742 <small>Daytime Phone #</small>