

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000111554

1. Entity Name
CG 108, LLC



Principal Place of Business
481 EAST WEBSTER AVE
WINTER PARK, FL 32789

Mailing Address
481 EAST WEBSTER AVE
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



06182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-4078153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, H.E.
481 EAST WEBSTER AVE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DAVIS, H.E.
STREET ADDRESS 481 EAST WEBSTER AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM
NAME DAVIS, SHERRY R
STREET ADDRESS 481 EAST WEBSTER AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM
NAME BYRD, ROBIN U
STREET ADDRESS 5132 FAIRWAY OAKS DR
CITY-ST-ZIP WINDERMERE, FL 32746

TITLE MGRM
NAME BYRD, JAMES S JR
STREET ADDRESS 5132 FAIRWAY OAKS DR
CITY-ST-ZIP WINDERMERE, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000766541
06/22/07-80001-018 50.00

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IN THIS SPACE**

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: *H. E. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-18-07 407-353-0065

Date

Daytime Phone #