


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000111958</b> 1. Entity Name CGC CONSTRUCTION, L.L.C.	
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Principal Place of Business 2315 NW 107TH AVENUE SUITE 1M-17, BOX 52 DORAL, FL 33172 US	Mailing Address 2315 NW 107TH AVENUE SUITE 1M-17, BOX 52 DORAL, FL 33172 US
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04282008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1789007</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ANTONINI, GUILLERMO T MGR 2315 NW 107TH AVENUE SUITE 1M-17, BOX 52 DORAL, FL 33172
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000933093  
05/28/08-80014-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTONINI, GUILLERMO T 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUHAMMAD, ADEL J 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172
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**DO NOT WRITE  
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:**

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

MANAGER

04/30/08

Date

786-625615

Daytime Phone #