

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071555

Entity Name: CG & M ENTERPRISE, LLC

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 1021
HILLIARD, FL 32046 US

New Principal Place of Business:

11391 SECRETARIAT LANE WEST
JACKSONVILLE, FL 32218 US

Current Mailing Address:

P.O. BOX 1021
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 20-5223470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MAURICE D
11391 SECRETARIAT LANE WEST
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, MAURICE D
Address: 11391 SECRETARIAT LANE WEST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Delete
Name: LITTLE, WILLIAM C
Address: 616 THORNBERRY ROAD
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM () Delete
Name: BING, GREGORY J SR
Address: 4066 EAGLE LANDING PKWY
City-St-Zip: ORANGE PARK, FL 32065 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURICE D. WILSON

MGRM

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date