

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90132 041 \*\*\*138.75

**DOCUMENT # L06000108844**

1. Entity Name  
**CMG INVESTORS, LLC**



Principal Place of Business  
**170 E. TRADEWINDS ROAD  
SUITE A  
WINTER SPRINGS, FL 32708**

Mailing Address  
**170 E. TRADEWINDS ROAD  
SUITE A  
WINTER SPRINGS, FL 32708 US**



02212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2311900**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GIBILISCO, MICHAEL A  
170 E. TRADEWINDS ROAD  
SUITE A  
WINTER SPRINGS, FL 32708**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GIBILISCO, CLAUDINE A  
170 E TRADEWINDS RD  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
GIBILISCO, MICHAEL  
170 E TRADEWINDS RD  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

**2/21/08**

Date

**407-252-0545**

Daytime Phone #