2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2007 8:00 am Secretary of State 05-08-2007 90117 010 ****50.00

DOCUMENT # L06000122727 1. Entity Name CG 2203, LLC							05-08-2007 9	0117 010) ****50	.00
Principal Place of 2325 ULMERTOI CLEARWATER, FL	N ROAD, SUITE 20	Mailing Address 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 33762				60049967				
						1 100011014 074	ETHE PHA EPPERENT ERI			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03142007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Number	96 3548		→	plied For t Applicable	
Zíp	Country	Zip	Country			5. Certificate	of Status Desired		5.00 Add se Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered Ag	gent	
CEDA II.C				Name						
CFRA, LLC 4221 WEST E TAMPA, FL 3	BOY SCOUT BLVD. 33762		Street Address ((P.O. Box Number is Not Acceptable)				
1								_		
				City		•		FL	Zip Code)
	med entity submits this statement for sof registered agent.	or the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signatur	ve required	when reinstating)		OATE		
Filin Due	g Fee is \$50.00 by May 1, 2007							e check pay Departmen	•	•
Filing Due	g Fee is \$50.00 by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS	10.				Florida	Departmen	nt of State	
9.	by May 1, 2007	ERS/MANAGERS	TITLE	E	mb	LINEAGIA	Florida	Departmen	nt of State	Addition
9. IIILE NAME	by May 1, 2007		TITLE	E E	m6 C6-	man agi	Florida	Departmen	nt of State	
9.	by May 1, 2007		TITLE NAM STRE	E E EET ADDRESS -ST-ZIP	M6 C6- 23:	MEAGIA MANAGIA 25 ULT	Florida	Departmen	nt of State	
9. IIILE NAME STREET ADDRESS	by May 1, 2007	☐ Deiele	TITLE NAM STRE	E E EET ADDRESS -ST-ZIP	M6 C6- 23: Cle	MENAGIA MANAGI 25 ULM ARWATA	Florida 	CHANGES Tric Suite 3762	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	by May 1, 2007		TITLE NAM STRE CITY	<u> </u>	M6 C6- 23: Cle	MINGAGIA MINAGII 25 ULM BICWATE	Florida	CHANGES Tric Suite 3762	nt of State	
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I hereby certify that the information supplied with this filling 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: My D. MORRIS
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/07

127.576.6424 Daytime Phone #