

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90016 005 \*\*\*138.75

DOCUMENT # L07000049481

1. Entity Name  
CG 3830 CHARLES, LLC



Principal Place of Business  
ATTN: ELLEN ROSE  
ONE SOUTHEAST THIRD AVE., SUITE 2950  
MIAMI, FL 33131

Mailing Address  
ATTN: ELLEN ROSE  
ONE SOUTHEAST THIRD AVE., SUITE 2950  
MIAMI, FL 33131

50004943

2. Principal Place of Business - No P.O. Box #

8211 W. BROWARD BLVD

3. Mailing Address

8211 W. BROWARD BLVD

Suite, Apt. #, etc.

PH-2

Suite, Apt. #, etc.

PH-2

04212008

Chg-LLC

CR2E083 (12/06)

City & State  
PLANTATION, FL

City & State  
PLANTATION, FL

4. FEI Number

26-0414826

Applied For

Not Applicable

Zip  
33324

Country  
USA

Zip  
33324

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN  
C/O THERREL BAISDEN, P.A.  
ONE SOUTHEAST THIRD AVE., SUITE 2950  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Peter C. Gardner

Street Address (P.O. Box Number is Not Acceptable)  
8211 W. BROWARD BLVD,

PH-2

City PLANTATION

FL

Zip Code 33324

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

*Peter C. Gardner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/08

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Peter C. Gardner 8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WILLIAM L. DRISCOLL 8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Peter C. Gardner*

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

4/26/08

Date

Daytime Phone #