


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90031 031 \*\*\*143.75

<b>DOCUMENT # L07000053160</b> 1. Entity Name <b>CGTN LLC</b>					
Principal Place of Business <b>15629 AUTUMN GLEN AVE CLERMONT, FL 34714</b>			Mailing Address <b>P. O. BOX 135844 CLERMONT, FL 34713</b>		
2. Principal Place of Business - No P.O. Box # <b>339 DURANGO LOOP ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>339 DURANGO LOOP ST</b> Suite, Apt. #, etc.		
City & State <b>DAVENPORT FL</b>			City & State <b>DAVENPORT FL</b>		
Zip <b>33897</b>		Country <b>USA</b>		4. FEI Number <b>09022008</b> Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CAPERTON, ROBERT L JR 15629 AUTUMN GLEN AVE CLERMONT, FL 34714</b>			7. Name and Address of New Registered Agent Name <b>ROBERT L CAPERTON JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>339 DURANGO LOOP ST</b> City <b>DAVENPORT</b> <b>FL</b> Zip Code <b>33897</b>		
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 <b>Robert L Caperton</b> DATE <b>09/03/2008</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>CAPERTON, ROBERT L JR</b> STREET ADDRESS <b>15629 AUTUMN GLEN AVE</b> CITY-ST-ZIP <b>CLERMONT, FL 34714</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 in 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: <b>Robert L Caperton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>09/03/2008</b> DAYTIME PHONE # <b>863-588-1045</b>	

**50010220**

