


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000063316

1. Entity Name
CG 3659 GRAND, LCC



FILED
08 DEC 23 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08282008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN ESQ.
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 PH2

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 (NOTE: Registered Agent signature required when reinstating) DATE: 8-28-08

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peter C. Gardner, Manager 8211 W. Broward Blvd PH2 Plantation FL 33324 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	L. SELLERS DEC 24 2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S08256900518 09/08/08 90048 004 \$138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter C Gardner PETER C GARDNER 8-28-08 954 727-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #