2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2008-90048-003-$538.75-$538.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT -9 PM 3:45

DOCUMENT # L07000063358

1. Entity Name
CG 3522 GRAND, LLC

Principal Place of Business	Mailing Address
ATTN: ELLEN ROSE ONE SOUTHEAST THIRD AVE., SUITE 2950 MIAMI, FL 33131	ATTN: ELLEN ROSE ONE SOUTHEAST THIRD AVE., SUITE 2950 MIAMI, FL 33131
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	7. Name and Address of New Registered Agent
ROSE, ELLEN ESQ. C/O THERREL BAISDEN, P.A. ONE SOUTHEAST THIRD AVE., SUITE 2950 MIAMI, FL 33131	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 [signature] 8-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter C. Gardner, MANAGER 8211 W. Broward Blvd. ph2 Plantation, FL 33324		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] PETER C GARDNER MANAGER 8-28-08 9547279335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #