2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-05-2008 90209 014 ***138.75

DOCUMENT # L07000081531

1. Entity Name
CGK, LLC

300028865

02082008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
206 SOUTH HOOVER BLVD., STE. 120 TAMPA, FL 33609	206 SOUTH HOOVER BLVD., STE. 120 TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
202 East 7th Avenue		P.O.Box 76057	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33602-	Country: USA	Zip: 33675-1057	Country: USA

4. FEI Number: 26-0761196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD., SUITE 201
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name: Michael Batista
Street Address (P.O. Box Number is Not Acceptable): 202 East 7th Avenue
City: Tampa FL Zip Code: 33602

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] March 3, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BATISTA, MICHAEL 206 SOUTH HOOVER BLVD., STE. 120 TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Batista, Michael 202 East 7th Avenue Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] March 3, 2008 813-287-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #