


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 20, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90016 003 \*\*\*138.75

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DOCUMENT # L07000099279					
1. Entity Name CG 3735 WASHINGTON, LLC					
Principal Place of Business 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324		Mailing Address 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-2703581	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE ELLEN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD 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 <u>Peter C. Gardner</u> DATE <u>4/26/08</u> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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. DIRECTOR ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Peter C. Gardner		
STREET ADDRESS		STREET ADDRESS	8211 W. BROWARD BLVD, PH-2		
CITY- ST- ZIP		CITY- ST- ZIP	PLANTATION, FL 33324		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		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 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 606, Florida Statutes.					
SIGNATURE: <u>Peter C. Gardner</u>			DATE: <u>4/26/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



04212008 Chg-LLC CR2E083 (12/06)

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