

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-08-2008 90048 002 ***538.75

FILED

L07000113302

08 OCT -9 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA ---

DOCUMENT # L07000113302

1. Entity Name
CG 3390 FLORIDA, LLC



Principal Place of Business
2840 S.W. THIRD AVENUE
MIAMI, FL 33129 US

Mailing Address
2840 S.W. THIRD AVENUE
MIAMI, FL 33129 . US

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

PERDIGON, SCOTT J ESQ.
9100 SOUTH DADELAND BLVD.
SUITE 1701, PH-1
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name PETER C GARDNER

Street Address (P.O. Box Number is Not Acceptable)

8411 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-28-08

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GARDNER, PETER C
STREET ADDRESS 2840 S.W. THIRD AVENUE
CITY-ST-ZIP MIAMI, FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Peter C Gardner PETER C GARDNER 8-28-08 857 727 4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #