


FILED
Jun 13, 2008 8:00 am
Secretary of State

05-02-2008 90021 039 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000122264 1. Entity Name 3206 CARGO, LLC			
Principal Place of Business 2975 MCGREGOR BLVD. FORT MYERS, FL 33901		Mailing Address 2975 MCGREGOR BLVD. FORT MYERS, FL 33901	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NEUBERT, ROBERT W 2975 MCGREGOR BLVD. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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 MGR	NAME NEUBERT, ROBERT W	TITLE 	NAME
STREET ADDRESS 2975 MCGREGOR BLVD.	CITY - ST - ZIP FORT MYERS, FL 33901	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete		<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: <i>Robert W. Neubert</i>		ROBERT W. NEUBERT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 04/30/08	Daytime Phone # 239-332-4518

30009281



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1596804 Applied For
 Not Applicable

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