


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006159 1. Entity Name C.F.P.G. REAL ESTATE PARTNERS, LLC	
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Principal Place of Business 1615 E WOODARD ST STE A ORLANDO, FL 32803	Mailing Address 1615 E WOODARD ST STE A ORLANDO, FL 32803
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01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3600190	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HERRAN, JUAN J 250 LAKE DR OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE

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.

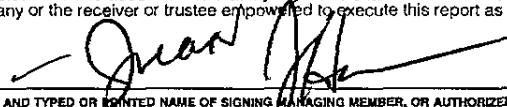
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERRAN, JUAN J 326 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALDARONDO, SIGFREDO 326 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUBIET, MARTIN A 326 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAIM, DANIEL 326 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAST, CAROL 310 W READING WAY WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000207880 02/01/05-80064-012 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #