


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90005 031 ****50.00

DOCUMENT # L99000006159	
1. Entity Name C.F.P.G. REAL ESTATE PARTNERS, LLC	

Principal Place of Business 1815 E WOODWARD ST STE A ORLANDO, FL 32803	Mailing Address 1815 E WOODWARD ST STE A ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3600190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERRAN, JUAN J
250 LAKE DR
OVIEDO, FL 32765**

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)

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


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRAN, JUAN J 717 E. MICHIGAN ST 326 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDARONDO, SIGFREDO 929 VERSAILLES CIRCLE 520 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	

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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:  **1-31-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #