# M04000003142

(Requestor's Name)	<del></del>				
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(Document Number)					
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200030264482







ACCOUNT NO. : 072100000032

REFERENCE: 837979 7236924

AUTHORIZATION :

COST LIMIT : \$ 155.00 14

ORDER DATE: August 6, 2004

ORDER TIME : 2:59 PM

ORDER NO. : 837979-005

CUSTOMER NO: 7236924

CUSTOMER: Ms Melissa Menendez

Leopold, Korn & Leopold, P.a.

Suite 501

20801 Biscayne Blvd. Aventura, FL 33180

#### FOREIGN FILINGS

NAME: CGT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

From: 3059311566 Page: 2/3 Date: 8/6/2004 11:13:01 AM

FAX NO. :3059311566

Aug. 06 2004 11:16AM P2/3

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA SLATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXEN

CGT LLC (Name of Foreign Lim				
	ited Lie	ility Comp	ury)	····
_			18782	
Delaware urisdiction under the law of which foreign limited liab	<u></u> 3			mber, if applicable)
ompany is organized)	*****	•	( 3.53 170	inited, if appreciately
April 12, 2004	*		. 1 3	
(Date of Organization)	J	(Duration	Your limit	ted limbility company will cease to
		exist or "p	erpetual")	
upon qualification				
(Date first transacted business (See sections 608.501 & 608.50	in Florid 2 F.S. to	ia, if prior to determine	registration reality lial	on.) vility)
17701 Biscayne Blvd., Suite	#300			
Aventura, FL 33160				
(Street Ad	dress of	Principal O	fice)	:
Casty Grantor Trust #2			·	
17701 Biscayne Blvd., Suite	<b>#</b> 300,	Avent	ıra, F	4 33160
		<del></del>		
Attached is an original certificate of existence, no more that unidefine under the law of which it is expended. (A plot liation of the certificate under oath of the translator must be	an 90 day Mocopy is esobmit	s old, duly a not accepta ed.)	ubenicae ble. If the c	iby the official having custody of re crificate is in a foreign language, a
Attached is an original certificate of existence, no more that under the law of which it is expanized. (A pholisticn of the certificate under onth of the translator must be Nature of business or purposes to be conduct	an 90 day Mocopy is esubmitt ted or p	sold, daly a not accepta ed.) romoted i	uthericalo ble, If the c n Piorida	i by the official having custody of re crificate is in a foreign language, a
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Attached is an original certificate of existence, no more that under the law of which it is expanized. (A pholisticn of the certificate under onth of the translator must be Nature of business or purposes to be conduct	an 90 day Mocopy is esubmitt ted or p	sold, daly a not accepta ed.) romoted i	uthericalo ble, If the c n Piorida	i by the official having custody of re crificate is in a foreign language, a
Attached is an original certificate of existence, no more to unisdiction under the law of which it is expended. (A plot lation of the certificate under onth of the translator must be with under the purchase, sell and manage result estate  Signature of a member or a (in accordance with section 608.40) an affirmation under the penalties.	an 90 day Mocopy is estimated or p esta an auth 8(3), F.S.	sold duly a not accepta ed.) remoted in the and prized rep the execution that the facts	n Plorida to obt	iby the official having custody of recrificate is in a foreign language, a sin mortgages on recrease of a member.

From: 3059311566 Page: 3/3 Date: 8/6/2004 11:13:01 AM

FROM :

FAX NO. :3059311566

Aug. 06 2004 11:17AM P3/3

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Compan	y is:		
CGT LLC		<del></del>		
2. The name and	the Florida street address of	the registere	d agent and office are:	
	Joel Eidelste	∍in		
_		(Name)		<del></del>
	17701 Biscayne Bi	lvā. Suit	e #300	
-	Florida Street Addre	12 (P.O. Box - 1)	OI-ACCEPTABLE)	<del></del>
<del></del>	Aventura	FL City/Sinte/Zi	33160	<u></u>
liability company agent and agree to relating to the pro	ed as registered agent and to at the place designated in this capacity. I further per and complete performance position as registered agent a (Signature)	s certificate, I r agree to co se of my dutte	hereby accept the appo- mply with the provisions s, and I am familiar with	intment as registered t of all statutes h and accept the

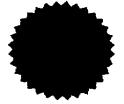
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CGT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2004.



Varriet Smith Hindson
Harriet Smith Windson, Secretary of State

3789235 8300

040563548

AUTHENTICATION: 3271088

DATE: 08-03-04