


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M04000003608 |  |
| 1. Entity Name CG BAY THREE LLC | |

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|--|--|
| Principal Place of Business C/O CHETRIT GROUP 404 FIFTH AVENUE NEW YORK, NY 10018 | Mailing Address C/O CHETRIT GROUP 404 FIFTH AVENUE NEW YORK, NY 10018 |
|--|--|

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08082006 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 42-1643136 | 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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00
 Due by September 6, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CF BAY PROPERTIES, LLC 404 FIFTH AVENUE NEW YORK, NY 10018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RW BAY CLUB, LLC 4706 18TH STREET BROOKLYN, NY 11204 |
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 09/14/06-80001-008 250.00

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: JUDA Chetrit 8/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #