


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90040 001 ***250.00

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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DO NOT WRITE IN THIS SPACE

09042007 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.

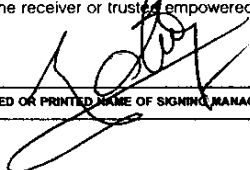
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____