

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90083 015 \*\*\*\*50.00

<b>DOCUMENT # M04000005600</b>																	
<b>1. Entity Name</b> CB REAL ESTATE, LLC																	
<b>Principal Place of Business</b> 26340 HICKORY BOULEVARD UNIT 903 BONITA SPRINGS, FL 34134			<b>Mailing Address</b> 4710 44TH ST E GRAND RAPIDS, MI 49512-4032														
<b>2. Principal Place of Business - No P.O. Box #</b> 23790 Tuscany Way		<b>3. Mailing Address</b> 1240 Franklin															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
<b>City &amp; State</b> Bonita Springs, FL		<b>City &amp; State</b> Marne, MI		<b>4. FEI Number</b> 20-1305241													
<b>Zip</b> 34134		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>													
<b>6. Name and Address of Current Registered Agent</b>  GAMMONS, JOSEPH 185 SKIPPING STONE LANE NAPLES, FL 34119		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Name</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Glenn D. Steil</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">23790 Tuscany Way</td> </tr> <tr> <td style="padding: 2px;"><b>City</b></td> <td style="padding: 2px;"><b>FL Zip Code</b></td> </tr> <tr> <td style="padding: 2px;">Bonita Springs</td> <td style="padding: 2px;">34134</td> </tr> </table>				<b>Name</b>		Glenn D. Steil		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		23790 Tuscany Way		<b>City</b>	<b>FL Zip Code</b>	Bonita Springs	34134
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Bonita Springs	34134																
<b>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.</b> <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> <b>SIGNATURE</b> <i>Glenn D. Steil</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; vertical-align: bottom;"> <i>Glenn D. Steil, Member</i>  <small>(NOTE: Registered Agent signature required when reappointing)</small> </td> <td style="width:20%; vertical-align: bottom;"> <b>DATE</b>  <i>8-31-07</i> </td> </tr> </table>						<b>SIGNATURE</b> <i>Glenn D. Steil</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Glenn D. Steil, Member</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>	<b>DATE</b> <i>8-31-07</i>									
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<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			(Make check payable to Florida Department of State)														
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>														
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM GLENN D. STEIL TRUST C/O JUDI PERRIN 4710 44TH STREET SE GRAND RAPIDS, MI 49512	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM Glenn D. Steil Trust 23790 Tuscany Way Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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<b>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.</b>																	
<b>SIGNATURE: X</b> <i>Glenn D. Steil</i> <i>Glenn D Steil Member 8-31-07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																	

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