2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2007 8:00 am Secretary of State DOCUMENT # P03000066461 05-08-2007 90015 013 ***150.00 CG MANAGING MEMBER INC. Principal Place of Business Mailing Address C/O JOEL B GILES C/O JOEL B GILES 200 CENTRAL AVE., STE 2300 200 CENTRAL AVE., STE 2300 SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-2379294 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON RD, SUITE 20 CLEARWATER, FL 33762 City Zip Code 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ☐ Change ■ Addition NAME BULLARD, FRED B JR STREET ADDRESS 2325 ULMERTON RD STE 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP Delete TITLE VD TITLE ☐ Change Addition McNul, Clayton Blod 5401 W. Kernedy Blod 5401 K. FL 33609 NAME MCNEEL, VAN L NAME STREET ADDRESS 5401 W KENNEDY BLVD STE 751 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WOOD, RENE STREET ADDRESS 2325 ULMERTON RD STE 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP ☐ Delete TITLE TITE F ☐ Change ☐ Addition MORRIS, GREGORY D NAME NAME STREET ADDRESS 2325 ULMERTON ROAD, STE 20 STREET ADDRESS CITY-ST-ZIF CLEARWATER, FL 33762 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Myler Gogory D. Marcus 4/27/07 727-576-6424/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daytome Phone 4

FILED