


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 048 ****50.00

DOCUMENT # **L01000017507**

1. Entity Name
CTP, L.C.



Principal Place of Business Mailing Address

4675 PONCE DE LEON BLVD., #305 **4675 PONCE DE LEON BLVD., #305**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

2199 Ponce de Leon Blvd **2199 Ponce de Leon Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 301 **301**

City & State City & State
CORAL GABLES FLA **CORAL GABLES FLA**

Zip Country Zip Country
33134 **USA** **33134** **USA**

4. FEI Number Applied For

65-1146060 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

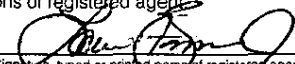
Name: **STEWART AGENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd

SUITE 301

City **CORAL GABLES** FL Zip Code **33134**

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:  **MANAGER** **3/26/03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, LOUIS JR	
STREET ADDRESS	2199 Ponce de Leon Blvd #301	
CITY - ST - ZIP	CORAL GABLES FLA 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **MANAGER** **3/26/03** **305-444-8807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)