

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004240

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** CPR PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1053 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751

**New Principal Place of Business:**

103 S OSCEOLA AVE  
SUITE 2  
ORLANDO, FL 32801

**Current Mailing Address:**

1053 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751

**New Mailing Address:**

103 S OSCEOLA AVE  
SUITE 2  
ORLANDO, FL 32801

**FEI Number:** 04-3606517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYLONAKIS, ANTHONY  
1053 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

ALGIER, FOSTER  
103 S OSCEOLA AVE  
SUITE 2  
ORLANDO, FL 32801 US

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.

SIGNATURE: FOSTER ALGIER

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALGIER, FOSTER  
Address: 1053 MAITLAND CENTER COMMONS BLVD  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Delete  
Name: CRAGER, ROBERT  
Address: 1053 MAITLAND CENTER COMMONS BLVD  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALGIER, FOSTER  
Address: 103 S OSCEOLA AVE SUITE 2  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FOSTER ALGIER

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date