
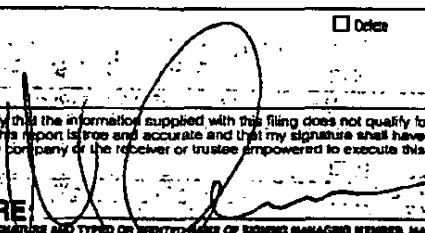


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-23-2004 90343 012 ****50.00

DOCUMENT # L03000004925			
1. Entity Name CPZ, LLC			
Principal Place of Business 3627 UNIVERSITY BLVD. S., STE. 245 JACKSONVILLE, FL 32216		Mailing Address PO BOX 551260 JACKSONVILLE, FL 32255	
2. Principal Place of Business 3599 UNIVERSITY BLVD S		3. Mailing Address	
Suite, Apt. #, etc. # 804		Suite, Apt. #, etc.	
City & State JACKSONVILLE		City & State	
Zip 32216	Country	Zip	Country
4. FEI Number 20-0233230		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32258		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		ADDITIONS / CHANGES	
TITLE MGR M	NAME MARK ABRAMSON	TITLE	NAME
STREET ADDRESS 3599 UNIVERSITY BLVD S #804	CITY-STATE-ZIP JACKSONVILLE FL 32216	STREET ADDRESS	CITY-STATE-ZIP
TITLE MGR M	NAME ROZ ABRAMSON	TITLE	NAME
STREET ADDRESS 3599 UNIVERSITY BLVD S #804	CITY-STATE-ZIP JACKSONVILLE, FL 32216	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE		DATE	
		2/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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