

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051011

FILED
Mar 30, 2005
Secretary of State

Entity Name: C.M.P., LLC

Current Principal Place of Business:

5207 SEMINOLE COURT
CAPE CORAL, FL 33904

New Principal Place of Business:

138 SW 53RD TERRACE
CAPE CORAL, FL 33914 US

Current Mailing Address:

5207 SEMINOLE COURT
CAPE CORAL, FL 33904

New Mailing Address:

138 SW 53RD TERRACE
CAPE CORAL, FL 33914 US

FEI Number: 20-1338650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROIANO, JOSEPH A
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33904 US

Name and Address of New Registered Agent:

COSTA, CARLOS T JR
138 SW 53RD TERRACE
CAPE CORAL, FL 33914 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: CARLOS T COSTA, JR

03/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COSTA, CARLOS T JR
Address: 5207 SEMINOLE COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COSTA, CARLOS T JR
Address: 138 SW 53RD TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Change (X) Addition
Name: COSTA, CARLOS T SR
Address: 5207 SEMINOLE COURT
City-St-Zip: CAPE CORAL, FL 33904 US

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: CARLOS T COSTA, JR

MGRM

03/30/2005

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