

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097109

FILED  
May 22, 2008  
Secretary of State

Entity Name: CPF INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

2977 MCFARLANE ROAD  
302  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2977 MCFARLANE ROAD  
302  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 20-3622387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CAMBO, ERNIE  
2977 MCFARLANE ROAD  
302  
COCONUT GROVE, FL 33133 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: DMGM ( ) Delete  
Name: CAMBO, ERNIE  
Address: 2977 MCFARLANE ROAD, SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: PRUI-CAMBO, ANA  
Address: 2977 MCFARLANE ROAD, SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ERNESTO CAMBO

DMGM

05/22/2008

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