

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000068

Entity Name: CPC PROPERTIES, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

17739 ESPRIT DR.  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

17739 ESPRIT DR.  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 86-1159533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAVENDER, KYLE  
873 WEST BAY DRIVE  
SUITE 105  
LARGO, FL 33770 US

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

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: MGRM ( ) Delete  
Name: CREEDICAN, DANIEL M  
Address: 17739 ESPRIT DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: CREEDICAN, JENNIFER M  
Address: 17739 ESPRIT DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: PERKINS, SAMUAL  
Address: 76379 DEERWOOD DRIVE  
City-St-Zip: YULEE, FL 32097 US

Title: MGRM ( ) Delete  
Name: CREEDICAN, MATTHEW A  
Address: 18621 RIVER WOODS DR.  
City-St-Zip: BEND, OR 97702 US

**ADDITIONS/CHANGES:**

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

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

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: DANIEL CREEDICAN

MR.

04/22/2009

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