

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076070

Entity Name: CPIG, LLC

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

3001 PONCE DE LEON BLVD.  
SUITE 265  
CORAL GABLES, FL 33134

## Current Mailing Address:

3001 PONCE DE LEON BLVD.  
SUITE 265  
CORAL GABLES, FL 33134

## New Principal Place of Business:

3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134

## New Mailing Address:

3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134

FEI Number: 26-0971961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 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: MGR ( ) Delete  
Name: MOSS, DANIEL  
Address: 1717 N.W. 126TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR ( ) Delete  
Name: SIEGEL, MORRIE  
Address: 6120 S.W. 121 STREET  
City-St-Zip: MIAMI, FL 33156

## 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: MORRIE SIEGEL

MGR

02/03/2009

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