


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90073 005 ****50.00

DOCUMENT # L04000052380	
1. Entity Name CP CONSTRUCTION & INVESTMENT, LLC	

Principal Place of Business 1451 S MIAMI AVE 2104 MIAMI, FL 33130 US	Mailing Address 1451 S MIAMI AVE 2104 MIAMI, FL 33130 US
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2. Principal Place of Business - No P.O. Box # 1110 Brickell Avenue	3. Mailing Address 1110 Brickell Avenue
Suite, Apt. #, etc. 402	Suite, Apt. #, etc. 402
City & State Miami, FL	City & State Miami, FL
Zip 33131	Country USA

	
02262007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-1372578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COITES, CARLOS F 1451 S MIAMI AVE 2104 MIAMI, FL 33130	
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7. Name and Address of New Registered Agent Name CORTES, CARLOS F. Street Address (P.O. Box Number is Not Acceptable) 1451 S. Miami Ave, Unit 2104 City Miami FL Zip Code 33130	
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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 <u>Carlos F. Coites</u>	DATE <u>02/27/07</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLANIA, MARICELA <input checked="" type="checkbox"/> Delete 1600 SW 2 AVE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRERO, RICARDO <input type="checkbox"/> Delete 5470 NW 114 AVE, SUITE 104 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRERO, RICARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 SW 10 Street, #804 Miami, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTES, CARLOS <input type="checkbox"/> Delete 1451 S MIAMI AVE 2104 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLANIA, MARICELA <input type="checkbox"/> Delete 1451 S MIAMI AVE 2104 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.	
SIGNATURE: <u>Carlos F. Coites</u>	DATE <u>02/27/07</u> DAYTIME PHONE # <u>9863174198</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	