

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 003 ****50.00

DOCUMENT # L02000024314

1. Entity Name

CP CAPITAL GROUP, LLC



Principal Place of Business

1000 BRICKELL AVE., STE. 900
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE., STE. 900
MIAMI FL 33131

2. Principal Place of Business

999 Brickell Ave

3. Mailing Address

999 Brickell Ave

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

US

Zip

33131

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEL Number

06-1653589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, TOM
1756 NORTH BAYSHORE DR., STE. 31-D
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: Manager
NAME: Harold L. Connell
STREET ADDRESS: 999 Brickell Ave, suite 600
CITY-ST-ZIP: Miami FL 33131

☐ Delete

10. ADDITIONS/CHANGES

TITLE: Mgrm
NAME: Harold Connell
STREET ADDRESS: 999 Brickell Ave, suite 600
CITY-ST-ZIP: Miami FL 33131

☐ Change

☒ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Harold L. Connell*
SIGNATURE REQUIRED

3/17/03

CR2E083 (10/02)