


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 013 ***150.00

DOCUMENT # F03000000558
 1. Entity Name
CPTF SUNSHINE HOLDINGS, INC.



Principal Place of Business
**211 W. FORT STREET
 DETROIT, MI**

Mailing Address
**306 S. WASHINGTON AVENUE, SUITE 300
 ROYAL OAK, MI 48067**

50051009



2. Principal Place of Business
TWO HOPKINS PLAZA

3. Mailing Address
TWO HOPKINS PLAZA

Suite, Apt. #, etc.
SUITE 1000

Suite, Apt. #, etc.
SUITE 1000

04082005 Chg-P CR2E034 (10/03)

City & State
BALTIMORE, MD

City & State
BALTIMORE, MD

4. FEI Number
14-1857215

Applied For
 Not Applicable

Zip
21201

Country
USA

Zip
21201

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMITZ, JOHN 38 FOUNTAIN SQ. PLAZA CINCINNATI, OH 45263 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT ROBERT LAW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINLEY, BRIAN C 38 FOUNTAIN SQ. PLAZA CINCINNATI, OH 45263 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY/TREASURER TIMOTHY WHELAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, JACQUELINE A 306 S. WASHINGTON AVENUE, SUITE 300 ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT ROBERT RAJEWSKI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT RICHARD ROSS
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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Law **5/6/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #