

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90028 040 \*\*\*150.00

<b>DOCUMENT # F03000000558</b> 1. Entity Name <b>CPTF SUNSHINE HOLDINGS, INC.</b>					
Principal Place of Business <b>TWO HOPKINS PLAZA, STE 1000 BALTIMORE, MD 21201</b>			Mailing Address <b>TWO HOPKINS PLAZA, STE 1000 BALTIMORE, MD 21201</b>		
2. Principal Place of Business <b>TWO HOPKINS PLAZA</b>		3. Mailing Address <b>TWO HOPKINS PLAZA</b>		  01102006    Chg-P    CR2E034 (11/05)	
Suite, Apt. #, etc. <b>8th FLOOR</b>		Suite, Apt. #, etc. <b>8th FLOOR</b>			
City & State <b>BALTIMORE, MD</b>		City & State <b>BALTIMORE, MD</b>			
Zip <b>21201</b>		Zip <b>21201</b>			
4. FEI Number <b>14-1857215</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE: <b>Jan 10, 2006</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAW, ROBERT</b> <b>38 FOUNTAIN SQ. PLAZA</b> <b>CINCINNATI, OH 45263</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO HOPKINS PLAZA, STE. 804</b> <b>BALTIMORE, MD 21201</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WHELAN, TIMOTHY</b> <b>38 FOUNTAIN SQ. PLAZA</b> <b>CINCINNATI, OH 45263</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>REYNOLDS, GORDON</b> <b>TWO HOPKINS PLAZA, STE. 801</b> <b>BALTIMORE, MD 21201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RAJEWSKI, ROBERT</b> <b>306 S. WASHINGTON AVENUE, SUITE 300</b> <b>ROYAL OAK, MI 48067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO HOPKINS PLAZA, STE. 801</b> <b>BALTIMORE, MD 21201</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSS, RICHARD</b> <b>TWO HOPKINS PLAZA, STE 1000</b> <b>BALTIMORE, MD 21201</b>	<input checked="" 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
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 exemptions contained in Chapter 119, 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:			<b>ROBERT M. LAW</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>Jan 10, 2006</b> Daytime Phone #: <b>410-231-5765</b>		