

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 020 ****55.00

DOCUMENT # L00000007819

1. Entity Name

CP, L.L.C.

Principal Place of Business

2103 CORAL WAY, SUITE 201
 MIAMI FL 33145

Mailing Address

2103 CORAL WAY, SUITE 201
 MIAMI FL 33145

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Dade

Zip

33134

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1057428

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ACCORDINO, CARMEN A
 2103 CORAL WAY, SUITE 201
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Rene Dago, Jr.

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

2222 Ponce de Leon Blvd

City

Coral Gables

FL

Zip Code

33134

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM
 NAME REALTY EQUITY INVESTMENT TRANSACTIONS INC
 STREET ADDRESS 2103 CORAL WAY, STE. 201
 CITY-ST-ZIP MIAMI FL 33145

☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CR2E083 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 305-443-8900
 Date Daytime Phone # EXT 303