2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

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Entity Name: C&P WESTERKAMP, L.L.C.

Current Principal Place of Business:

550 NORTH REO STREET
SUITE 302
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

550 NORTH REO STREET
SUITE 302
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3694549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWD, JEFFREY A P.A.
550 NORTH REO STREET
SUITE 302
TAMPA, FL 33609

Name and Address of New Registered Agent:

DOWD, JEFFREY A P.A.
3016 US HIGHWAY 301
SUITE 900
TAMPA, FL 33619

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: _____ 04/16/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: WESTERKAMP, PETER E.C.
Address: 550 N REO STREET SUITE 302
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete
Name: WESTERKAMP, CHRISTINA D.S.
Address: 550 N REO STREET SUITE 302
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WESTERKAMP, PETER E.C.
Address: 550 N REO STREET SUITE 302
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change ( ) Addition
Name: WESTERKAMP, CHRISTINA D.S.
Address: 550 N REO STREET SUITE 302
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER E.C. WESTERKAMP MGRM 04/16/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date