

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001046

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

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

6302 E. MARTIN LUTHER KING BLVD  
SUITE 490  
TAMPA, FL 33619 US

## New Principal Place of Business:

## Current Mailing Address:

6302 E. MARTIN LUTHER KING BLVD  
SUITE 490  
TAMPA, FL 33619 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.  
3016 US HIGHWAY 301  
SUITE 900  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

JEFFREY A. DOWD, P.A.  
609 WEST LUMSDEN RD  
BRANDON, FL 33511 US

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: JEFFREY A. DOWD, PRES.

04/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WESTERKAMP, PETER E.C.  
Address: 6302 E. MARTIN LUTHER KING BLVD SUITE 490  
City-St-Zip: TAMPA, FL 33619

Title: MGRM (X) Delete  
Name: WESTERKAMP, CHRISTINA D.S.  
Address: 6302 E. MARTIN LUTHER KING BLVD SUITE 490  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MRGM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date