


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90021 013 ****50.00

DOCUMENT # L01000011257 1. Entity Name CP CAPITAL LLC	
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Principal Place of Business 999 BRICKELL AVE SUITE 600 MIAMI, FL 33131	Mailing Address 999 BRICKELL AVE SUITE 600 MIAMI, FL 33131
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24004059



01212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0644433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAFFERTY, WILLIAM L JR. 1101 BRICKELL AVE. SUITE 1400 MIAMI, FL 33131
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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>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNELL, HAROLD L 999 BRICKELL AVE SUITE 600 MIAMI, FL 33131
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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: <u>Harold Connell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date: <u>1/23/04</u> <small>Date</small>
Daytime Phone # _____ <small>Daytime Phone #</small>