

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 004 ****50.00

DOCUMENT # L01000011257

1. Entity Name

CP CAPITAL LLC



Principal Place of Business

**1000 BRICKELL AVE. SUITE 900
MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVE. SUITE 900
MIAMI FL 33131**

2. Principal Place of Business

999 Brickell Ave

3. Mailing Address

999 Brickell Ave

Suite, Apt. #, etc.

suite 600

Suite, Apt. #, etc.

suite 600

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0644433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CONNELL, HAROLD L**
CITY-ST-ZIP **1000 BRICKELL AVE. SUITE 900
MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **999 Brickell Ave, suite 600**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harold L Connell

3/17/03

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

Date

Daytime Phone #

CR2E083 (10/02)

0013407