FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90003 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000012226

1. Entity Name
C.P.& A., LLC

Principal Place of Business	Mailing Address
1007 N. FEDERAL HIGHWAY, SUITE 111 FORT LAUDERDALE, FL 33304	1007 N. FEDERAL HIGHWAY, SUITE 111 FORT LAUDERDALE, FL 33304

04132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1126765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CYNTHIA PHELPS AND ASSOCIATES, INC.
1007 N. FEDERAL HIGHWAY, SUITE 111
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name: Cynthia L. Phelps
Street Address (P.O. Box Number is Not Acceptable): 1007 N. Federal Hwy #111
City: Fort Lauderdale FL Zip Code: 33304

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] as Registered Agent DATE: 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	PHELPS, CYNTHIA	
STREET ADDRESS	1007 N FEDERAL HWY #111	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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: [signature] as Agent/Managing Member 4/13/04 954-467-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #