

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004240

FILED
Apr 23, 2004
Secretary of State

Entity Name: CPR PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

1619 CONWAY GARDENS RD.
ORLANDO, FL 32806

New Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

Current Mailing Address:

1619 CONWAY GARDENS RD.
ORLANDO, FL 32806

New Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

FEI Number: 04-3606517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYLONAKIS, ANTHONY
1053 MAITLAND CENTER COMMONS
MAITLAND, FL 32751

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALOSLE, FOSTER
Address: 1619 CONWAY GARDENS RD
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: CHAGER, ROBERT
Address: 1619 CONWAY GARDENS RD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALGIER, FOSTER
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change () Addition
Name: CRAGER, ROBERT
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

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: FOSTER ALGIER

MGRM

04/23/2004

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