

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

4/11

04-11-2003 90213 041 ****50.00

DOCUMENT # L02000008125

1. Entity Name

CPG EQUITY FUND, L.L.C.



Principal Place of Business

Mailing Address

65 E NASA BOULEVARD, SUITE 202
MELBOURNE FL 32901

65 E NASA BOULEVARD, SUITE 202
MELBOURNE FL 32901

2. Principal Place of Business

7332 OFFICE PARK PLACE

3. Mailing Address

7332 OFFICE PARK PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 101

STE. 101

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-2727927

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINSON, MYLES H
65 E NASA BOULEVARD, SUITE 202
MELBOURNE FL 32901

7332 OFFICE PARK PLACE
STE. 101
MELBOURNE, FL 32940

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 or authorized representative

Myles H. Wilkinson

NOTE: Registered agent signature required when reinstating

DATE

1/8/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
President/Manager
Myles H. Wilkinson
STREET ADDRESS
7332 Office Park Place, #101
CITY-ST-ZIP
Melbourne, FL 32940

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

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

Myles H. Wilkinson

Date

1/8/03

Daytime Phone #

321/951-1500

CP2E083 (10/02)