

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019032

Entity Name: CPCM, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1005 EDEN ISLE DRIVE NE  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1005 EDEN ISLE DRIVE NE  
ST PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 90-0103826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELLINI, PAUL V  
1005 EDEN ISLE DRIVE NE  
ST PETERSBURG, FL 33704 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: MELLINI, PAUL V  
Address: 1005 EDEN ISLE DRIVE NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PALMA, ANTHONY W  
Address: 390 NORTH ORANGE AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY W. PALMA

MGR

03/23/2009

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