


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033589 1. Entity Name CBP INSTALLATION GROUP, LLC	
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Principal Place of Business 5705 JASON LEE PLACE SARASOTA, FL 34233	Mailing Address 5705 JASON LEE PLACE SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0118820	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required
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6. Name and Address of Current Registered Agent

W. BARTLETT SCOVILL, P.A.
1605 MAIN STREET
SUITE 912
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000089994
03/16/04-80012-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POIRE, CINDY P.O. BOX 37536 SARASOTA, FL 34243
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cindy Poire Cindy Poire 3-3-04 941-955-8541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #