## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # L02000033865  1. Entity Name CBP BUILDING FOUR LLC					Secretary of State				
Principal Place 2875 NE 191		→ Mailing Address 2875 NE 191 ST							
PH 1 B AVENTURA, F		PH 1 B Aventura, FL 33180			 	BUSHL 11045 WEIN KRSII BRS	A <b>11/11</b> M <b>ai</b> 187		U <b>TC</b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.			04062005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Number 65-0419860			<del></del>	oplied For ot Applicable
Zip Country		Zip Count		,	5. Certificate of Status Desired		\$5.00 Additional Fee Required		
	5. Name and Address of Curren				7. Name and	Address of New P			
		Name .							
TED KLEIN 8030 PETERS ROAD		Street Address		(P.O. Box Number is Not Acceptable)					
BUILDING D, SUITE # 104		· -			<del></del>		<del></del>		<del> </del>
	ATION, FL 33324	-		City	<del></del> _	<del></del>	FL	Zip Coo	le
S. The above	named entity submits this statement f	or the purpose of changing its re	egîstered	office or register	red agent, or bot	h, in the State of Fi		ımiliar with,	and accept
SIGNATI IBE	ons of registered agent.	-				·		. — —	
	Signature, typed or printed name of registered agen	t and this if applicable. (NOTE:	Registered A	ligent signature required	when reinstating)		DATE	Marie II	5 5 V
Fi De	ling Fee is \$50.00 we by May 1, 2005	}			5		e check pa a Departme		
9.	MANAGING MEMB	ERS/MANAGERS	10.	<del> </del>		ADDITIONS	/CHANGES		
TITLE NAME	MGR Delete		TITLE NAME	j				Change	Addition Addition
STREET ADDRESS	2875 N.E. 191 STREET PENTH	OUSE 1		ADDRESS					
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-S	IT-ZIP					
TITLE	MGR Delite		TITLE NAME			<u>""</u> jjooggo	1358634	Change	Additio
NAME Street address	GILINSKI, SAUL 2875 N.E. 191 STREET PENTH	<b>1</b>		ADDRESS	00000358634 □ Change □ Addi 05/04/05-80121-018 50.00			.ພູ	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-5	1					
TTLE	MGR ☐ Delete		TITLE					☐ Change	Addition
NAME	SREDNI, ERWIN	OLICE 4	NAME	ADDRESS !					
STREET ADDRESS CITY-ST-ZIP	2875 N.E. 191 STREET PENTH   AVENTURA, FL 33180	OU3E I	CITY-S						
TIFLE	MGR	☐ Delete	TITLE					☐ Change	Additio
NAME	SREDNI, ISAAC	IOUOF 4	NAME	1000504					
STREET ADDRESS City-St-Zip	2876 <u>N</u> .E. 191 STREET PENTH   AVENTURA, FL 33180	OUSE 1	STREET CITY-ST	ADDRESS IT-ZIP					
TITLE	747110107,12 30100	☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	}					
STREET ADDRESS		_	STREET CITY-ST	ADDRESS					
CITY-ST-ZIP		- Delas	TITLE	11-4F	<del></del>	*		☐ Change	Addition
title Name		- Delete	NAME	}				CT CHATING	
STREET ADDRESS			1	ADDRESS					
CITY-ST-ZIP  11. I hereby of indicated limited lia	pertify that the information supplied with on this report is true and accurate an billity company or the receiver or trust	th this filing does not qualify for the this filing does not qualify for the distance that my signature shall have the empowered to execute this re	the exemple same leport as r		ection 119.07(3)( made under oath iter 608, Florida 5	i), Florida Statutes. ; that I am a mana Statutes	I further cert ging membe	ify that the r or manag	information er of the
	1/	Erwin Sr			4/2	1/05 3			YD
SIGNAT	SIGNOSUREAND VIPED ON PRINTED NAME	<del></del>	<del></del>		ENTATIVE	Care	<u> </u>	rylime Phone #	
	<del></del>			<del></del>	_ *,* *,*	· · · ·			<del>,</del>

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