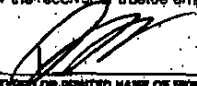


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90139 004 ****50.00

DOCUMENT # L03000000654			
1. Entity Name CREDIT CPR GROUP, LLC			
Principal Place of Business 1071 FAIRFAX CIRCLE W BOYNTON BEACH, FL 33436		Mailing Address 1071 FAIRFAX CIRCLE W BOYNTON BEACH, FL 33436	
2. Principal Place of Business 1050 FEDERAL HWY		3. Mailing Address 1050 FEDERAL HWY	
Suite, Apt. #, etc. STE 132B		Suite, Apt. #, etc. STE 132B	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33483	Country US	Zip 33483	Country US
4. FEI Number 42-1567621		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRISWOLD, KATHLEEN 1071 FAIRFAX CIRCLE W BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name DANIEL J. WISE Street Address (P.O. Box Number is Not Acceptable) 1050 FEDERAL HWY STE 132B City DELRAY BEACH FL Zip Code 33483	
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  Daniel Wise DATE 8/27/04 Signature, printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY - ST - ZIP	DANIEL J. WISE ☐ Change ☒ Addition 1050 FEDERAL HWY STE 132B DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DANIEL J. WISE 8/27/04 SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

Attachment
34082080
C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

August 26, 2004

Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Taxpayer: **CREDIT CPR GROUP, LLC**
Document #: **L03000000654**
FEIN: 42-1567621
Tax Form: UBR
Tax Period: 2004

To Whom It May Concern:

We have enclosed check #1097 in the amount of \$50.00 for the 2004 Annual Renewal of CREDIT CPR GROUP, LLC and Document # L03000000654.

Please abate any penalty incurred as Mr. Wise did not receive the original UBR. The LLC is newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc