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

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000654

1. Entity Name
CREDIT CPR GROUP, LLC

Principal Place of Business	Mailing Address
1071 FAIRFAX CIRCLE W BOYNTON BEACH, FL 33436	1071 FAIRFAX CIRCLE W BOYNTON BEACH, FL 33436

08262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1050 FEDERAL HWY		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: [signature] Daniel Wise DATE: 8/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: DANIEL J. WISE STREET ADDRESS: 1050 FEDERAL HWY STE 132B CITY-ST-ZIP: DELRAY BEACH, FL 33483	☐ 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: [signature] DANIEL J. WISE 8/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

2408208

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

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

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

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