

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025626

1. Entity Name
CPP FLORIDA, LLC



Principal Place of Business
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE, FL 32301

Mailing Address
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE, FL 32301

FILED
04 AUG -4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5100 Gamble Drive

3. Mailing Address
5100 Gamble Drive

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
St. Louis Park, MN

City & State
St. Louis Park, MN

Zip
55416

Country
USA

Zip
55416

Country
USA

08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1676003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVETT, JOHN C
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOVETT, JOHN C
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
William R. Anderson
5100 Gamble Drive, Suite 600
St. Louis Park, MN 55416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Eric R. Woolley
5100 Gamble Drive, Suite 600
St. Louis Park, MN 55416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gregory C. Mazza
5100 Gamble Drive, Suite 600
St. Louis Park, MN 55416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200039957412
08/06/04--01070--003 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William R. Anderson 8/3/04 952-541-5800