


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025626 1. Entity Name CPP FLORIDA, LLC	
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Principal Place of Business 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416	Mailing Address 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416
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04172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1676003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, WILLIAM R 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOLLEY, ERIC R 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZA, GREGORY C 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416
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05/06/06-80092-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William R. Anderson William R. Anderson 4-18-06 952-541-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #