

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 017 ****50.00

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1. Entity Name
CPP FLORIDA, LLC

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

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

7. Name and Address of New Registered Agent

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

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME ANDERSON, WILLIAM R
STREET ADDRESS 5100 GAMBLE DRIVE, SUITE 600
CITY-ST-ZIP ST. LOUIS PARK, MN 55416

TITLE MGR ☐ Delete
NAME WOOLLEY, ERIC R
STREET ADDRESS 5100 GAMBLE DRIVE, SUITE 600
CITY-ST-ZIP ST. LOUIS PARK, MN 55416

TITLE MGR ☐ Delete
NAME MAZZA, GREGORY C
STREET ADDRESS 5100 GAMBLE DRIVE, SUITE 600
CITY-ST-ZIP ST. LOUIS PARK, MN 55416

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME David W. Pearce
STREET ADDRESS 5100 Gamble Drive, Suite 600
CITY-ST-ZIP St. Louis Park, MN 55416

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

David W. Pearce

1-10-07 952-541-5800

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

Date

Daytime Phone #