2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025626

Entity Name: CPP FLORIDA, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416 **Current Mailing Address: New Mailing Address:** 5100 GAMBLE DRIVE, SUITE 600 ST. LOUIS PARK, MN 55416 FEI Number: 16-1676003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WOOLLEY, ERIC R Name: Name: Address: 5100 GAMBLE DRIVE, SUITE 600 Address: ST. LOUIS PARK, MN 55416 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition

Title:

City-St-Zip:

Name:

Address:

MGR

() Delete PEARCE, DAVID W Name: 5100 GAMBLE DR STE 600 Address: City-St-Zip: ST LOUIS PARK, MN 55416

MAZZA, GREGORY C

5100 GAMBLE DRIVE, SUITE 600

ST. LOUIS PARK, MN 55416

Name:

Address: City-St-Zip:

Title: Name: MGR PEARCE, DAVID W

5100 GAMBLE DRIVE, SUITE 600

(X) Change () Addition

Address: City-St-Zip: ST LOUIS PARK, MN 55416

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

01/14/2009