2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | | | |
|---|--|--|--|--|-------------------------------|--|
| DOCUMENT # L03000026331 1. Entity Name | | | | | | |
| CPN ASSOCIATES, LLC | | | | | | |
| • | | | The state of the s | FIL E | = U | |
| Principal Place of Business Mailing Address | | | 1 | • | | |
| 7165 S. SUNCOAST BLVD. HOMOSASSA FL 34446 | | 7165 S. SUNCOAST BLVD. HOMOSASSA FL 34446 | | 2004 MAR 31 ₱ 10: 47 | | |
| US US | | US | | THE REPORT OF THE PROPERTY OF | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | HIHIBRIK A | |
| a. Timopa Tiaso di Basillodo | | | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | MOORE CR2E083 (11/03) | | |
| City & State | | City & State | | 4. FEI Number 20 – 0107144 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | O Additional lequired | |
| 6. Name and Address of Current Register | | Registered Agent | 7. Name and Address of New Registered Agent Name | | | |
| NIELSEN, CHRIS | | | | | | |
| 716 | 5 S. SUNCOAST BLVD. | Street Address (| | P.O. Box Number is Not Acceptable) | | |
| HON | MOSASSA FL 34446 | | · | | | |
| | | | 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 | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State | | | | | | |
| Due By May 1, 2004 | | | | m or state | | |
| 9. | MANAGING MEMBI | ERS/MANAGERS | 10. | ADDITIONS/CHANGES | : | |
| TITLE | MGRM | ☐ Delete | TITLE | | hange 🔲 Addition | |
| NAME Street address | 1 | | NAME STREET ADDRESS | 700031546587 03/31/0401017010 **400.00 | | |
| CITY-ST-ZIP | HOMOSASSA FL 34446 | | CITY-ST-ZIP | 03/31/64 51011010 *** | J. 00 | |
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| CITY-ST-ZIP | HOMOSASSA FL 34446 | | CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | nortify that the information of the control of | h this filing dans and availed from | CITY-ST-ZIP | Continue 110 07(2)(i) Florido Chabitas 15 obras as at the | at the information | |
| 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: Christopher P. Nielsen 3/23/04 352-621-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytome Phone #