# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2007**
**Secretary of State**

DOCUMENT# L03000032554

**Entity Name:** CPS, L.L.C.

**Current Principal Place of Business:**

17743 113TH TERRACE NORTH
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

17743 113TH TERRACE NORTH
JUPITER, FL 33477

**New Mailing Address:**

**FEI Number: 04-3775671** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEISEL, KEITH W
712 U.S. HIGHWAY ONE, SUITE 230
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete
Name: COUGHLIN, CRAIG
Address: 17743 113TH TERRACE NORTH
City-St-Zip: JUPITER, FL 33477

Title: MGRM ( ) Delete
Name: COUGHLIN, PATRICK
Address: 901 BERNARD STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: MGRM ( ) Delete
Name: COUGHLIN, SEAN S
Address: 14201 174TH AVENUE N.E.
City-St-Zip: REDMOND, WA 98052

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK COUGHLIN MGRM 04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date