
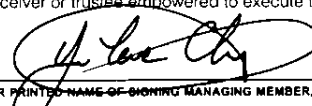


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90198 027 ****50.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # L03000036468 1. Entity Name CPR4U, L.L.C. | | | |  | |
| Principal Place of Business % HINES NORMAN HINES PL 315 S HYDE PARK AVENUE TAMPA, FL 33606 | | | Mailing Address % HINES NORMAN HINES PL 315 S HYDE PARK AVENUE TAMPA, FL 33606 | | |
| 2. Principal Place of Business - No P.O. Box # 10102 LAKE COVE LN | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State | | 4. FEI Number 20-0257232 | |
| Zip 33618 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S HYDE PARK AVENUE TAMPA, FL 33606 | | | | 7. Name and Address of New Registered Agent 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 _____ (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 | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CHANG, YUN T 10102 LAKE COVE LANE TAMPA, FL 33618 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GALLUPPO, JOSEPH D 22818 SILLS LOOP LANE O LAKES, FL 34639 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GALLUPPO, JOSEPH D 22818 SILLS LOOP LANE O LAKES, FL 34639 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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| 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:  | | | | Jan 30, 2007 813-929-9818 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |