

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90126 014 ****50.00

DOCUMENT # L03000053562

1. Entity Name
CBP, LLC



Principal Place of Business
701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408

Mailing Address
701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408

2. Principal Place of Business
1070 Powell Drive
Suite, Apt. #, etc.

3. Mailing Address
1070 Powell Drive
Suite, Apt. #, etc.

City & State
Singer Island, FL
Zip
33404
Country
USA

City & State
Singer Island, FL
Zip
33404
Country
USA

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
34-1988770
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Cynthia B. Powell
Street Address (P.O. Box Number is Not Acceptable)
1070 Powell Drive
City
Singer Island FL Zip Code
33404

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 *Cynthia B Powell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
POWELL, CYNTHIA
701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1070 Powell Drive
Singer Island, FL 33404

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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: *Cynthia B Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/04 919 656 7500
Date Daytime Phone #