


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000053562
 1. Entity Name
 CBP, LLC



Principal Place of Business _____ Mailing Address _____
 1070 POWELL DRIVE 1070 POWELL DRIVE
 SINGER ISLAND, FL 33404 SINGER ISLAND, FL 33404

DO NOT WRITE IN THIS SPACE



07282005 No 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
 POWELL, CYNTHIA B
 1070 POWELL DRIVE
 SINGER ISLAND, FL 33404

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

Filing Fee is \$50.00 Due by September 7, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POWELL, CYNTHIA 1070 POWELL DRIVE SINGER ISLAND, FL 33404 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Powell Date: 7/28/05 Daytime Phone #: 9193879929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE