2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002528

1. Entity Name
CPPR, LLC

FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
89 DICKMAN DRIVE LAVALLETTE, NJ 08735 US	89 DICKMAN DRIVE LAVALLETTE, NJ 08735 US

07172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0572991
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POLESE, SAMUEL D
STREET ADDRESS	89 DICKMAN DRIVE
CITY-ST-ZIP	LAVALLETTE, NJ 08735
TITLE	MGRM
NAME	PALERMO, THOMAS J
STREET ADDRESS	3798 COCOLAKE DRIVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	MGRM
NAME	RUSSELL, PETER
STREET ADDRESS	2845 NE 9TH STREET, UNIT 504
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/08-80002-006 543.75

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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: Samuel D. POLESE 7/17/08 201-970-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #