2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# L04000002528

Entity Name: CPPR, LLC

Current Principal Place of Business:

89 DICKMAN DRIVE
LAVALLETTE, NJ 08735 US

New Principal Place of Business:

1314 GARDEN STREET
HOBOKEN, NJ 07030 US

Current Mailing Address:

89 DICKMAN DRIVE
LAVALLETTE, NJ 08735 US

New Mailing Address:

1314 GARDEN STREET
HOBOKEN, NJ 07030 US

FEI Number: 20-0572991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: POLESE, SAMUEL D
Address: 89 DICKMAN DRIVE
City-St-Zip: LAVALLETTE, NJ 08735 US

Title: MGRM ( ) Delete
Name: PALERMO, THOMAS J
Address: 3798 COCOLAKE DRIVE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM ( ) Delete
Name: RUSSELL, PETER
Address: 2845 NE 9TH STREET, UNIT 504
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POLESE, SAMUEL D
Address: 1314 GARDEN STREET
City-St-Zip: HOBOKEN, NJ 07030 US

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 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: SAMUEL D. POLESE MR. 08/17/2009

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