

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005116

Entity Name: CPS PROPERTIES, LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

211 NOB HILL CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

202 NOB HILL CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

211 NOB HILL CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

202 NOB HILL CIRCLE
LONGWOOD, FL 32779

FEI Number: 26-2476509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLEON, RICHARD E
211 NOB HILL CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

NAPOLEON, RICHARD E
202 NOB HILL CIRCLE
LONGWOOD, FL 32779 US

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: RICHARD E. NAPOLEON

04/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAPOLEON, RICHARD E
Address: 211 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: NAPOLEON, LAURA A
Address: 211 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAPOLEON, RICHARD E
Address: 202 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change () Addition
Name: NAPOLEON, LAURA A
Address: 202 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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: RICHARD E. NAPOLEON

MGR

04/16/2008

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