


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019174</b> 1. Entity Name <b>C.P. FABER, LLC</b>	
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Principal Place of Business <b>20 NW 3RD AVE DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>20 NW 3RD AVE DEERFIELD BEACH, FL 33441</b>
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04132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>42-1661977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHROEDER, MICHAEL A ESQ SCHROEDER AND LARCH, P.A. 120 E PALMETTO PARK RD, STE 150 BOCA RATON, FL 33432</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FABER, MICHAEL D 20 NORTHWEST THIRD AVENUE DEERFIELD BEACH, FL
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U000000516314  
04/29/06-80244-018 50.00

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.

<b>SIGNATURE:</b> 	<b>4/13/06</b>	<b>954-428-0590</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>