

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-19-2006 90169 007 ****50.00

DOCUMENT # L04000026470 1. Entity Name CPPB COUNTY, LLC			
Principal Place of Business 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487		Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip - - - - - Country		Zip - - - - - Country	
6. Name and Address of Current Registered Agent COLMAN, NANCY B 150 E. PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number APPLIED FOR 20-1013043	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PECHTER, JACK 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LORING, DAVID 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PECHTER HIMMELRICH, SHELLY 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

30010833



04272006 Chg-LLC CR2E083 (11/05)

FL Zip Code