

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90046 027 \*\*\*\*50.00

**DOCUMENT # L04000041130**

1. Entity Name  
**CHRISTOPHER PAUL GROUP, LLC**



Principal Place of Business  
**925 FOX POINTE CIRCLE  
DELRAY BEACH, FL 33445**

Mailing Address  
**925 FOX POINTE CIRCLE  
DELRAY BEACH, FL 33445**



2. Principal Place of Business  
**2805 W ESTRELLA ST  
Suite, Apt. #, etc.**

3. Mailing Address  
**2805 W ESTRELLA ST  
Suite, Apt. #, etc.**

04112006 Chg-LLC CR2E083 (11/05)

City & State  
**TAMPA, FL 33629**

City & State  
**TAMPA, FL 33629**

4. FEI Number  
**20-1192683**

Applied For  
☐ Not Applicable

Zip  
**33629**

Country  
**USA**

Zip  
**33629**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CIACCIO, CHRISTOPHER P  
925 FOX POINTE CIRCLE  
DELRAY BEACH, FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2805 W ESTRELLA ST**

City **TAMPA**

**FL**

Zip Code  
**33629**

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

*Christopher P. Ciccio*

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

*4/14/06*

DATE

**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  
**MGRM  
CIACCIO, CHRISTOPHER P  
925 FOX POINTE CIRCLE  
DELRAY BEACH, FL 33445** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CIACCIO, CHRISTOPHER P  
2805 W ESTRELLA ST  
TAMPA, FL 33629** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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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 608, Florida Statutes.

**SIGNATURE:**

*Christopher P. Ciccio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/14/06*

Date

Daytime Phone #