2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051011

1. Entity Name C.M.P., LLC



Principal Place of Business

138 SW 53RD TERRACE CAPE CORAL, FL 33914 US Mailing Address

138 SW 53RD TERRACE

CAPE CORAL, FL 33914 US

FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90016 047 ****50.00



04212006 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 20-1338650 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, CARLOS TIJR 138 SW 53RD TERRACE CAPE CORAL, Fleg33914

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	Signature, typed or printed name of repictered apont and title if applicable	(NOTE: Renetated Angot expost tre required when reinstation)		ATE
SIGNATURE				
*•	•			
ţh	e obligations of registered agent.			
	ne above named entity submits this statement for the purpose of chang	ging its registered office or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept

Filing Fee'ls \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM COSTA, CARLOS T JR 138 SW 53RD TERRACE CAPE CORAL, FL 33914 MGRM COSTA, CARLOS T SR	
STREET ADORESS CITY-ST-ZIP	5207 SEMINOLE COURT CAPE CORAL, FL 33904	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for		

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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 trues empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ∠

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