2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

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DOCUMENT # L04000054718 1. Entity Name CP ESTERO, LLC					02-22-2005 90072 028 ****50.00				
Principal Plac	e of Business	Mailing Address				٠.			
21400 RIDGETOP CIRCLE		21400 RIDGETOP CIRCLE STE. 250		20014723					
STE. 250 STERLING, VA 20166 STERLING, VA 20166					 			 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State		4. FEI Numbe	159264			plied For at Applicable	
Zip Country		Zip Countr		try	†	of Status Desired		\$5.00 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
CORROR	ATION SERVICE COMPANY			Name					
1201 HAY	S STREET			Street Address	(P.O. Box Numbe	er is Not Acceptable)		
TALLAHAS	SSEE, FL 32301-2525								
				City			FL	Zip Code	9
D. The above		the automo of changing its		ļ <u> </u>	rad agant or had	h in the State of Ele			
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	ed office or registe	reu agent, or not	ri, iri tile State Ci Fio	RICE, JAIIII	airiniai witti,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	- Flactistaroc				DATE		
				d Agent signature require	a winding		-		
Fi D	iling Fee is \$50.00 ue by May 1, 2005			n viter it zith mm it nafna	a war late and		e check p	ayable to ent of State	
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D	ue by May 1, 2005 MANAGING MEMBE MGRM	RS/MANAGERS				Florida	e check pa		∃ Addition
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9. TITLE	ue by May 1, 2005 MANAGING MEMBE MGRM	RS/MANAGERS	10. TITLE NAME STREE	:		Florida	e check pa	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM THIRD CENTRUM OF VIRGINIA 21400 RIDGETOP CIRCLE	RS/MANAGERS	10. TITLE NAME STREE	E ET ADDRESS -SI-ZIP		Florida	e check pa	ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE DELLA PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #