



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90142 008 ****50.00

DOCUMENT # L04000057424					
1. Entity Name CPQP INTERNATIONAL LLC					
Principal Place of Business 2835 GREY OAKS BLVD TARPON SPRINGS, FL 34688 US			Mailing Address 2835 GREY OAKS BLVD TARPON SPRINGS, FL 34688 US		
2. Principal Place of Business 534 CANAL WAY Suite, Apt. #, etc.		3. Mailing Address 534 CANAL WAY Suite, Apt. #, etc.			
City & State OLDSMAR FL		City & State OLDSMAR FL		02142006 Chg-LLC CR2E083 (11/05)	
Zip 34677		Country USA		4. FEI Number 56-2486837	
City & State OLDSMAR FL		City & State OLDSMAR FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) 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 MARTIN, FRANCOIS J 2835 GREY OAKS BLVD TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, FRANCOIS 534 CANAL WAY OLDSMAR FL 34677 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  FJ MARTIN			02-01-06 864 2782607		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		