2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

DOCUM	ENT#	L0400	0059589

1. Entity Name **CBOPL LLC**



Principal Place of Business

Mailing Address

1001 EAST ATLANTIC AVENUE

1000 MARKET STREET **STE 300**

SUITE 202 DELRAY BEACH, FL 33483 US

PORTSMOUTH, NH 03801

01112008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 83-0411130 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE

DO NOT WRITE

SUITE 201 DELRAY BEACH, FL 33483		IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of changing its registions of registered agent.	lered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.		stered Agent signature required whon reinstating} DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR ADE, RICHARD C 1000 MARKET STREET PORTSMOUTH, NH 03801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000915768 05/12/08-80001-013 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby	certify that the information supplied with this filling does not qualify for the	exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	

that my signature shall have the same legal effect as if made under oath, that I am a managing m empowered to execute this report as required by Chapter 608, Florida Statutes. limited hability company or the

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME (

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE