

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066479

Entity Name: CPR FLORIDA LLC

FILED  
May 17, 2007  
Secretary of State

**Current Principal Place of Business:**

2763 MEADOWOOD DRIVE  
WESTON, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

2763 MEADOWOOD DRIVE  
WESTON, FL 33332 US

**New Mailing Address:**

FEI Number: 20-1977845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROLLINSON, CHARLES H MGR  
2763 MEADOWOOD DR  
WESTON, FL, FL 33332 US

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.

SIGNATURE: CHARLES H. ROLLINSON

05/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: ROLLINSON, CHARLES H MGR  
Address: 2763 MEADOWOOD DRIVE  
City-St-Zip: WESTON, FL 33332

Title: MRS. ( ) Delete  
Name: ROLLINSON, PATRICIA MGR  
Address: 2763 MEADOWOOD DRIVE  
City-St-Zip: WESTON, FL 33332

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES H. ROLLINSON III

MGR

05/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date