

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076140

Entity Name: CPS PROPERTIES, LLC

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

6115 MANCHESTER PLACE
NAPLES, FL 34110 US

New Principal Place of Business:

1415 PANTHER LANE
#302
NAPLES, FL 34109 US

Current Mailing Address:

6115 MANCHESTER PLACE
NAPLES, FL 34110 US

New Mailing Address:

1415 PANTHER LANE
#302
NAPLES, FL 34109 US

FEI Number: 20-1926789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 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: JAMES R. NICI

02/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUPIEC, FRANK J
Address: 6115 MANCHESTER PLACE
City-St-Zip: NAPLES, FL 34110 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUPIEC, FRANK J
Address: 1415 PANTHER LANE, #302
City-St-Zip: NAPLES, FL 34109 US

Title: PVST () Change (X) Addition
Name: KUPIEC, FRANK J
Address: 1415 PANTHER LANE, #302
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK J. KUPIEC

MGR

02/05/2006

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