2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L04000076140

Entity Name: CPS PROPERTIES, LLC

Current Principal Place of Business:

1415 PANTHER LANE
#302
NAPLES, FL 34109 US

New Principal Place of Business:

6115 MANCHESTER PLACE
NAPLES, FL 34110 US

Current Mailing Address:

1415 PANTHER LANE
#302
NAPLES, FL 34109 US

New Mailing Address:

6115 MANCHESTER PLACE
NAPLES, FL 34110 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.
C/O COX & NICI 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: PVST (X) Change ( ) Addition
Name: KUPIEC, FRANK J
Address: 6115 MANCHESTER PLACE
City-St-Zip: NAPLES, FL 34110 US

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: FRANK J. KUPIEC MGR 03/10/2008

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