2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000084070

1. Entity Name
CIP GROUP OF ST. LUCIE, LLC

Principal Place of Business	Mailing Address
8603 S. DIXIE HIGHWAY, #208	8603 S. DIXIE HIGHWAY, #208
MIAMI, FL 33143	MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-2337767	-	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFER, PAUL H
1700 UNIVERSITY DRIVE, SUITE #110
CORAL SPRINGS, FL 33071

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000594650
01/23/07-80008-012 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GARCIA, GENARO	
STREET ADDRESS	8603 S. DIXIE HIGHWAY, #208	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #