

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069017

FILED
Mar 22, 2007
Secretary of State

Entity Name: CPR VENTURES, LLC

Current Principal Place of Business:

1377 5TH STREET
SARASOTA, FL 34236

New Principal Place of Business:

1385 5TH STREET
SARASOTA, FL 34236

Current Mailing Address:

1377 5TH STREET
SARASOTA, FL 34236

New Mailing Address:

1385 5TH STREET
SARASOTA, FL 34236

FEI Number: 20-3333139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, JOHN M
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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: MR () Delete
Name: ROOKS, HOWARD
Address: 246 MORNINGSIDE DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: MR () Delete
Name: CARLISLE, RICHARD E
Address: 1377 5TH STREET
City-St-Zip: SARASOTA, FL 34236

Title: MR () Delete
Name: PETERSON, GUY
Address: 1234 FIRST STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

Title: MR (X) Change () Addition
Name: CARLISLE, RICHARD E
Address: 1385 5TH STREET
City-St-Zip: SARASOTA, FL 34236

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

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: RICHARD E. CARLISLE

MR

03/22/2007

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