2006 IMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # L05000070206 1. Entity Name 03-03-2006 90004 011 ****50.00 CM PROPERTY HOLDINGS LLC Mailing Address Principal Place of Business 725 N A1A ROAD SUITE C-109 JUPITER FL 33477 725 N A1A ROAD SUITE C-109 JUPITER FL 33477 ეღიაა..... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number 84-1686889 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEW, SHAW 725 N A1A ROAD SUITE C-109 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 City Zip Code FL 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 Sprusure, typed or presidence of registered agent and late if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ... MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM TITLE Change ☐ Addition Detete NAME SHAW, MATT NAME 307 XANEDU PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP JUPITER FL 33477 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME DONGHIA, CRAIG NAME STREET ADDRESS STREET ADDRESS 303 XANEDU PLACE CITY-ST-ZIP JUPITER FL 33477 CITY-ST-7IP TITLE Delete ШЕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition NTLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIT) F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the provider or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE and typed on printed habe of busining managing member, manager, or authorized representative

FILED

March 6, 2006

CM PROPERTY HOLDINGS LLC 725 N A1A ROAD SUITE C-109 JUPITER, FL 33477

Subject: CM PROPERTY HOLDINGS LLC

Reference Number:

L05000070206

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
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