2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 22, 2007 8:00 am Secretary of State **DOCUMENT #L05000105176** 1. Entity Name 03-22-2007 90174 001 ****50 00 CP MG 26, LLC Principal Place of Business Mailing Address PO BOX 22097 PO BOX 22097 ST. PETERSBURG, FL 33742 ST. PETERSBURG, FL 33742 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2615 No HORATZO ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-LLC CR2E083 (12/06) UNIT City & State City & State Applied For 4. FEI Number 10R IDA 83-0439696 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAUMIER, LUTS BEAUMIER, LUIS Street Address (P.O. Box Number is Not Acceptable) 5002 SKY BLUE DRIVE **LUTZ, FL 33558** W. HORATTO TAMPA 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Channe ■ Addition KURIAN, TOM NAME NAME PO BOX 22097 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33742 CITY-ST-ZIP MGRM TITLE Delete TITLE M6 RM ☐ Change ☐ Addition SEDEY, BILL SEDEY, BILL NAME NAME 6550 MARLBERRY WAY STREET ADDRESS 2333 FEATHER SOUND DR #C210 STREET ADDRESS CITY-ST-ZIF CLEARWATER, FL 33762 CITY-ST-ZIP LARGO, FL 33773 MGRM TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME PATENT, OLEG NAME STREET ADDRESS 2615 W. HORATIO STREET UNIT A STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CABIBBO, MICHAEL NAME NAME STREET ADDRESS 3111 DELEON ST. #1 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33609** CITY-ST-ZIP TITLE **MGRM** MGRM ☐ Delete ПΠЕ Change ☐ Addition BEAUMIER, LUIS BEAUM ZER, LU75 2615 W. HORATTOST, CANZT 1 NAME NAME STREET ADDRESS 5002 SKY BLUE DRIVE STREET ADDRESS CITY-ST-ZIP **LUTZ, FL 33558** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 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.

FILED