


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90017 041 ***138.75

| | |
|-----------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000113794 |  |
| 1. Entity Name CP&S, LLC | |

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| Principal Place of Business 6 S. ROSCOE BLVD SUITE 2 PONTE VEDRA BEACH FL 32082 US | Mailing Address 6 S. ROSCOE BLVD SUITE 2 PONTE VEDRA BEACH FL 32082 US |
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| 2. Principal Place of Business - No P.O. Box # 3787 Palm Valley Road Suite, Apt. #, etc. Ste 102-156 City & State Ponte Vedra Beach FL Zip 32082 Country USA | 3. Mailing Address 3787 Palm Valley Road Suite, Apt. #, etc. Ste 102-156 City & State Ponte Vedra Beach FL Zip 32082 Country USA |
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1st MOORE CR2E083 (10/07)

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| 4. FEI Number 20-3924069 20-3924069 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COHEN, HENRY C 27200 RIVERVIEW CENTER BLVD. SUITE 309 BONITA SPRINGS FL FL | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CROWLEY, JAMES C IV 1941 ABERCROMBIE LANE ST. AUGUSTINE FL 32905 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing 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 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.

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|-------------------------------------------------------------------------------------------------------|----------------------|
| SIGNATURE: _____ | 04-14-08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |