2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000024741

Entity Name: CPNEF, LLC

Current Principal Place of Business:

3311 BEACH BOULEVARD
JACKSONVILLE, FL 32207

New Principal Place of Business:

3311 BEACH BOULEVARD
JACKSONVILLE, FL 32207 US

Current Mailing Address:

3311 BEACH BOULEVARD
JACKSONVILLE, FL 32207

New Mailing Address:

3311 BEACH BOULEVARD
JACKSONVILLE, FL 32207 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.
3311 BEACH BOULEVARD
JACKSONVILLE, FL 32207 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CEREBRAL PALSY OF NO, RTHEAST FL INC
Address: 3311 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify 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: HOLLY C PETERS PRES 04/30/2007

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