

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1/31

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-31-2007 90086 049 *****50.00

DOCUMENT # L06000037623 1. Entity Name CP FINNIE LLC					
Principal Place of Business 7754 LAKESIDE BLVD., APT. 465 C/O SLOMOVITZ BOCA RATON FL 33434			Mailing Address 7754 LAKESIDE BLVD., APT. 465 C/O SLOMOVITZ BOCA RATON FL 33434		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 57-1237227 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)			
6. Name and Address of Current Registered Agent GOLDBERG SLOMOVITZ, MIRIAM 7754 LAKESIDE BLVD., APT. 465 BOCA RATON FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOLBERG SLOMOVITZ, MIRIAM 7754 LAKESIDE BLVD., APT. 465 BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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.					
SIGNATURE: <u>Miriam Goldberg SLOMOVITZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					