

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90057 024 \*\*\*\*55.00

**DOCUMENT # L06000040318**

1. Entity Name  
CPC INVESTING, LLC



Principal Place of Business  
985 RADIO ROAD  
LITTLE EGG HARBOR, NJ 08087

Mailing Address  
985 RADIO ROAD  
LITTLE EGG HARBOR, NJ 08087

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

74-3176484

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ  
239 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME PAGLIA, THOMAS  
STREET ADDRESS 985 RADIO ROAD  
CITY-ST-ZIP LITTLE EGG HARBOR, NJ 08087

TITLE MGRM ☐ Delete  
NAME CIECOWISZ, RICHARD  
STREET ADDRESS 985 RADIO ROAD  
CITY-ST-ZIP LITTLE EGG HARBOR, NJ 08087

TITLE MGRM ☐ Delete  
NAME CARDELLO, JOHN N  
STREET ADDRESS 985 RADIO ROAD  
CITY-ST-ZIP LITTLE EGG HARBOR, NJ 08087

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*John N. Cardello*  
JOHN N. CARDELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/07

(609) 812-9800

Date

Daytime Phone #