

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 030 ****50.00

DOCUMENT # L06000086466

1. Entity Name
CMB, L.L.C.



Principal Place of Business
**135 PROFESSIONAL DRIVE
101
PONTE VEDRA BEACH, FL 32250 US**

Mailing Address
**P.O. BOX 51463
JACKSONVILLE BEACH, FL 32240 US**

60048071



2. Principal Place of Business - No P.O. Box #
4122 Ponte Vedra Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville Beach, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32250

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOSE, CARLTON
135 PROFESSIONAL DRIVE
101
PONTE VEDRA BEACH, FL 32082**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
VOSE, CARLTON
P.O. BOX 51463
JACKSONVILLE BEACH, FL 32240** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**MGRM
Steven J. Wilson
261-B Lamphere Rd.
Mystic, CT 06355**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**MGRM
Robert H. Chicoine, Jr.
2 Manhattanville Rd., Suite 2
Purchase, NY 10577**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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 *[Signature]*

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

04-29-07 904-755-4641

Date

Daytime Phone #