


**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

60040393



<b>DOCUMENT # L06000093141</b>		04-25-2007 90039 008 ****50.00	
1. Entity Name CP CUMBERLAND MEMBER LLC			
Principal Place of Business 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) WEST PALM BEACH, FL 33401		Mailing Address 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 225 NE Mizner Blvd. Suite, Apt. #, etc. 200 City & State Boca Raton, FL Zip 33432 Country USA		3. Mailing Address 225 NE Mizner Blvd. Suite, Apt. #, etc. 200 City & State Boca Raton, FL Zip 33432 Country USA	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) WEST PALM BEACH, FL 33401		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 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 - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		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: Todd J. Amara Todd J. Amara 4/18/07 561-447-1807			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			