2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90039 008 ****50.00

ANNUAL REPORT DOCUMENT # L06000093141 1. Entity Name CP CUMBERLAND MEMBER LLC Principal Place of Business Mailing Address 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) 60040393 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 225 NE Minner Blad 225 NE Mizney Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-LLC CR2E083 (12/06) 200 200 City & State City_& State 4. FEt Number Applied For ★ Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE. SOUTH, STE. 500 (AJM) WEST PALM BEACH, FL. 33401 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change Addition CP Combodand Permans LLC 225 NE Mizner Blad Boca Raton, FL 33432 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-\$1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition MANAG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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: Vivil J. Chinase Todd J. Amara SIGNATURE and Typed or PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/07 561-447-180