## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000103780  1. Entity Name CPES, LLC						04-12-2007 90184 020 ****50.00					**50.00
Principal Place 11617 INNFII ODESSA, FL	ELDS DRIVE		Mailing Address 11617 INNFELDS DRIVE ODESSA, FL 33556			;		ETTE (IEI) BB/AA (	IRT (832) F1E <b>61</b>	t <b>om</b> in coe:	
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. N. etc.			Suite, Apt. #, etc.				01152007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State				4. FEI Numb	*51752	50		plied For Applicable
Zip	Country		Žip	Coun	ntry				Fee Required		
	6. Name	and Address of Current F	egistered Agent Name				7. Name and	d Address of New (	Registered /	Lgent	
RAMSEY, PEGGY J 11617 INNFIELDS DRIVE ODESSA, FL 33556				Street Ac	eel Address (P.O. Box Number is Not Acceptable)						
				City			<del> </del>	······	FL	Zip Code	9
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fithe obligations of registered agent.</li> </ol>										lamillar with,	and accept
SIGNATURE  Signature, typed or pristed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
Filling Fee is \$50.00 Due by May 1, 2007									ke check p la Departm	ayable to ent of State	•
9.	 ,	MANAGING MEMBER	<del></del>	10.				ADDITIONS	/CHANGES		
TITLE NAME			☐ Delete	E €		ager	Exchange	Comm	Change	<b>Electrica</b>	
STREET ADDRESS CITY-S1-ZIP					FET ADDRESS 1-51-71P	116	17 Inn:	fields Dr 1 33556			
TITLE NAME			☐ Delete	TITL NAM			oou, t-	_		☐ Change	Addition
STREET ADDRESS City-S1-78				STR	EET ADORESS (=ST-ZIP			-	-	•	
TITLE		<u> </u>	☐ Delete	TITL			انهج			Change	* Addition
NAME STREET ADDRESS CITY-ST-ZIP					ie Eet adoress /- St-zip	-	•• **	. , . 		•	
TITLE			☐ Delete	TITL	- 1	***				Change	Addition
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MAME STREET ADDRESS CITY-ST-ZIP					ae Eet address F-St-Zip						
īme			☐ Delete	TITL	- 1				,	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP					me Eet adoress (-St-Zip						
11. I hereby certily 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.											
11-5-07 812 931.12											
SIGNATURE: 4-5-07 813 921-/031  SIGNATURE: Date Despired MANAGER OF SIGNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despired Prove P											