


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90358 031 \*\*\*\*50.00

<b>DOCUMENT # L06000103908</b> 1. Entity Name CP#201, LLC			
Principal Place of Business 5178 EAST BAY DR CLEARWATER, FL 33764		Mailing Address 1135 S. PASADENA AVE. 327 C ST. PETERSBURG, FL 33707	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2220 34th St S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Petersburg FL	
Zip	Country	Zip 33711	Country
6. Name and Address of Current Registered Agent  BERTRAND, LISA M 1135 S. PASADENA AVE 327 C ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name: Lisa M. Bertrand Street Address (P.O. Box Number is Not Acceptable): 2807 Kipps Colony Dr City: Gulfport FL Zip Code: 33707	
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: _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTRAND, GIORGIO 2807 KIPPS COLONY DR ST. PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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4. FEI Number 59-3709555 Applied For Not Applicable

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