FILED
Jun 01, 2007 8:00 am
Secretary of State

04-02-2007 90435 025 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000112796

1. Entity Name
CPP PROPERTIES, LLC

Principal Place of Business	Mailing Address
4552 WOODLANDS VILLAGE DR. ORLANDO, FL 32835	4552 WOODLANDS VILLAGE DR. ORLANDO, FL 32835

03212007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4552 Woodlands Vill Dr	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State
Zip: 32835 Country: Orange	Zip Country

4. FEI Number: 20-5728710 ☐ Applied For ☐ Not Applicable

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
ONEY, BLAINE 1820 S DIVISION ST. ORLANDO, FL 32805	Name: Blaine Oney Street Address (P.O. Box Number is Not Acceptable): 4552 Woodlands Vill. Dr City: Orl FL Zip Code: 32835

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: Blaine E. Oney 03/28/07
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-ST-ZIP	Blaine E. Oney, MGR 4552 Woodlands Vill Orl Fl 32835 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LaDonna Oney ☐ Delete Secy 4552 Woodlands Vill Dr	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Orl Fl 32835 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: Blaine E. Oney 04/29/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #