

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035487

FILED
Apr 19, 2009
Secretary of State

Entity Name: CPC AND W VENTURE LLC

Current Principal Place of Business:

20121 HERITAGE POINT DR
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 47062
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 20-8786740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, PHYLLIS D
20121 HERITAGE POINT DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WADE, PHYLLIS D
Address: 20121 HERITAGE POINT DR
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: WADE, CHRISTOPHER L
Address: 20121 HERITAGE POINT DR
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: WADE, CHRISTOPHER L JR.
Address: 20121 HERITAGE POINT DR
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER WADE

MGRM

04/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date