

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067215

Entity Name: CPR PROPERTIES, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1718 INDEPENDENCE BLVD.
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

1718 INDEPENDENCE BLVD.
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 20-3178190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, PATRICIA L
3615 W. ROLAND STREET
TAMPA, FL 33609 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: MARTINEZ, PATRICIA L
Address: 1718 INDEPENDENCE BLVD.
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM () Delete
Name: COOLEY, CLYDE J
Address: 1718 INDEPENDENCE BLVD.
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM () Delete
Name: REINOSO, MARIO
Address: 1718 INDEPENDENCE BLVD.
City-St-Zip: SARASOTA, FL 34234 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MARTINEZ, RICHARD
Address: 1718 INDEPENDENCE BLVD.
City-St-Zip: SARASOTA, FL 34234 US

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: PATRICIA MARTINEZ

MGRM

04/22/2008

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