

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:24

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|--|---|---|--|---|--|
| DOCUMENT # L07000076594 1. Entity Name CHRISTINE CP CO, LLC | |  | | TALLAHASSEE, FLORIDA 08 MAY 23 AM 8:24 | |
| Principal Place of Business 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 33401 | | Mailing Address 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 33401 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 03132008 Chg-LLC CR2E083 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent LAPIDUS, STEVEN B C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MM Dean Goodman 525 S Flagler Drive 21A West Palm Bch FL 33401 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | 800127320718 04/30/08--01018--004 **2370.00 | |
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| 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:  4/20/08 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date Daytime Phone # | | | | | |