# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2009**
**Secretary of State**

DOCUMENT# L08000004411

**Entity Name:** CNTB I, P.L.

**Current Principal Place of Business:**

430 MORTON PLANT STREET, SUITE 400
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

430 MORTON PLANT STREET, SUITE 400
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number: 26-1813248** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS B
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

VOLLBRACHT, ROBERT L
430 MORTON PLANT ST.
400
CLEARWATER, FL 33756 US

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: ROBERT L. VOLLBRACHT 01/21/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: VOLLBRACHT, ROBERT L
Address: 430 MORTON PLANT ST., SUITE 400
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Change (X) Addition
Name: POLLOCK, DIANA L
Address: 430 MORTON PLANT ST., SUITE 400
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Change (X) Addition
Name: ARORA, AJAY K
Address: 430 MORTON PLANT ST., SUITE 400
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Change (X) Addition
Name: SCHNEIDER, JEAN-RAPHAEL
Address: 430 MORTON PLANT ST., SUITE 400
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Change (X) Addition
Name: CABELLO, DANIEL D
Address: 430 MORTON PLANT ST., SUITE 400
City-St-Zip: CLEARWATER, FL 33756 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: ROBERT L. VOLLBRACHT MGR 01/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date