

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068533

FILED
Jan 09, 2009
Secretary of State

Entity Name: CBR PROPERTY GROUP LLC

Current Principal Place of Business:

1015 US HIGHWAY 19
HOLIDAY, FL 34691

New Principal Place of Business:

1015 US HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

1015 US HIGHWAY 19
HOLIDAY, FL 34691

New Mailing Address:

1015 US HIGHWAY 19
HOLIDAY, FL 34691

FEI Number: 26-3001774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

REDGRAVE, CELYNDA MGR
1015 US 19
HOLIDAY, FL 34691 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: CELYNDA REDGRAVE

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REDGRAVE, CELYNDA
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGR () Delete
Name: REDGRAVE, BRIAN
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: S () Delete
Name: REDGRAVE, BRIAN
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: T () Delete
Name: REDGRAVE, CELYNDA
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REDGRAVE, CELYNDA
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGR (X) Change () Addition
Name: REDGRAVE, BRIAN
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: S (X) Change () Addition
Name: REDGRAVE, BRIAN
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: T (X) Change () Addition
Name: REDGRAVE, CELYNDA
Address: 1015 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

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: CELYNDA REDGRAVE

MGR

01/09/2009

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