

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106763

FILED
Jun 30, 2009
Secretary of State

Entity Name: CMP MUTUAL MANAGEMENT, LLC

Current Principal Place of Business:

238 PONTE VEDRA PARK DRIVE
UNIT 101
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

238 PONTE VEDRA PARK DRIVE
UNIT 101
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 26-4357551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARSONS, WALTER C
238 PONTE VEDRA PARK DRIVE
UNIT 101
PONTE VEDRA BEACH, FL 32082 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARSONS, WALTER
Address: PONTE VEDRA PARK DRIVE, UNIT 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: MEYER, THOMAS
Address: 238 PONTE VEDRA PARK DRIVE, UNIT 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: CAMPANARO, RICHARD W
Address: 238 PONTE VEDRA PARK DRIVE, UNIT 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 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: WALTER PARSONS

MGRM

06/30/2009

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