

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086218

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CPT DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

110 HILLCREST DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160033  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TORRES, CLIFFORD E SR  
110 HILLCREST DRIVE  
LONGWOOD, FL 32779 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  
**Name:** TORRES, CLIFFORD E SR.  
**Address:** 110 HILLCREST DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGRM  
**Name:** TORRES, PATRICIA A  
**Address:** 110 HILLCREST DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779 US

I hereby 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:** CLIFFORD E TORRES SR.

MGRM

04/25/2011

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