2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000896

1. Entity Name

CPP, L.C.

Principal Place of Business	Mailing Address
777 Brickell Avenue Suite 1200 Miami, FL. 33131	777 Brickell Avenue Suite 1200 Miami, FL. 33131

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt: #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0861937 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
MIAMI CENTER REGISTERED AGENTS 201 SOUTH BISCAYNE BOULEVARD, 17TH FL MIAMI FL 33131	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	MGRM LEWIN, NATHAN 777 Brickell Avenue, Suit 1200 MIAMI FL 33131	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	MGRM LEVENSHON, IRA M 777 Brickell Avenue, Suite 1200 MIAMI FL 33131	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	000003228970--4 -04/28/00--01073--020 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ member _____ REQUIRED

IRA M. LEVENSHON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 4/13/00   Daytime Phone # 305-373-9400