

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000000896

Entity Name: CPP, L.C.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

777 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

New Principal Place of Business:

18646 NW 67TH AVENUE
MIAMI, FL 33015

Current Mailing Address:

777 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

New Mailing Address:

18646 NW 67TH AVENUE
MIAMI, FL 33131

FEI Number: 65-0861937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS
201 SOUTH BISCAYNE BOULEVARD, 17TH FL
MIAMI, FL 33131 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: MIAMI CENTER REGISTERED AGENTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIN, NATHAN
Address: 777 BRICKELL AVENUE, SUITE 1200
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: LEVENSHON, IRA M
Address: 777 BRICKELL AVENUE, SUITE 1200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIN, NATHAN
Address: 18646 NW 67TH AVENUE
City-St-Zip: MIAMI, FL 33015

Title: MGRM (X) Change () Addition
Name: LEVENSHON, IRA M
Address: 18646 NW 67TH AVENUE
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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: IRA M LEVENSHON

MGRM

04/24/2007

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