
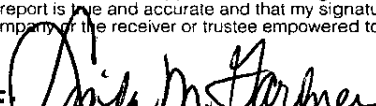


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90218 016 \*\*\*\*55.00

<b>DOCUMENT # L98000001756</b>					
1. Entity Name CPH CONSTRUCTORS, LLC					
Principal Place of Business 500 WEST FULTON STREET SANFORD FL 32772			Mailing Address P.O. BOX 2808 SANFORD FL 32772-2808 US		
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 59-3535123	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BULL, STEPHEN M 111 NORTH ORANGE AVENUE, SUITE 1700 ORLANDO FL 32801			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAUDTKE, TERRY M		NAME		
STREET ADDRESS	2065 WIGGLY FARMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIERACH, DAVID A		NAME		
STREET ADDRESS	500 WEST FULTON STREET		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32772		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KHOSRAVANI, KAMRAN		NAME		
STREET ADDRESS	500 WEST FULTON STREET		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32772		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDNER, LINDA M		NAME		
STREET ADDRESS	500 WEST FULTON STREET		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32772		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERWILLEGGER, DAVID A		NAME		
STREET ADDRESS	500 WEST FULTON STREET		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32772		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EL-BEHIRI, M. SAMI		NAME		
STREET ADDRESS	600 SWEETWATER BAY COURT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
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 		Linda M. Gardner, MGRM		03-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



MOORE CR2E083 (11/03)

5. Certificate of Status Desired  \$5.00 Additional Fee Required

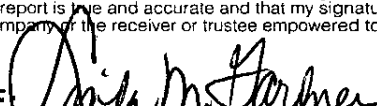
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111 NORTH ORANGE AVENUE, SUITE 1700  
ORLANDO FL 32801

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

**FILE NOW!!! FEE IS \$50.00**  
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SIGNATURE  Linda M. Gardner, MGRM 03-22-04 407-322-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #