

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001756

FILED
Jan 04, 2005
Secretary of State

Entity Name: CPH CONSTRUCTORS, LLC

Current Principal Place of Business:

500 WEST FULTON STREET
SANFORD, FL 32772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2808
SANFORD, FL 327722808 US

New Mailing Address:

FEI Number: 59-3535123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BULL, STEPHEN M
111 NORTH ORANGE AVENUE, SUITE 1700
ORLANDO, FL 32801 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/MEMBERS:

Title: MGRM () Delete
Name: ZAUDTKE, TERRY M
Address: 2065 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: GIERACH, DAVID A
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32772

Title: MGRM () Delete
Name: KHOSRAVANI, KAMRAN
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32772

Title: MGRM () Delete
Name: GARDNER, LINDA M
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32772

Title: MGRM () Delete
Name: TERWILLEGER, DAVID A
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32772

Title: MGRM () Delete
Name: EL-BEHIRI, M. SAMI
Address: 600 SWEETWATER BAY COURT
City-St-Zip: LONGWOOD, FL 32779

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: LINDA M. GARDNER

MGRM

01/04/2005

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