

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001756

FILED  
Jan 09, 2007  
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/MANAGERS:**

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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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: DAVID A. GIERACH

MGRM

01/09/2007

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