

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001761

1. Entity Name
CBP BUILDING THREE LLC



Principal Place of Business

**2100 PARK CENTRAL BLVD. NORTH, STE. 900
POMPAÑO BEACH, FL 33064**

Mailing Address

**2100 PARK CENTRAL BLVD. NORTH, STE. 900
POMPAÑO BEACH, FL 33064**



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, TED
88 N.E. 168 ST.
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000157004
05/05/04-80092-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SREDNI, ISSAC
2875 NE 191 STREET, PH 1
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SREDNI, ERWIN
2875 NE 191 STREET, PH 1
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AZOUT, JACK
2875 NE 191 STREET, PH 1
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILINSKI, SAUL
2875 NE 191 STREET, PH 1
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #