

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90031 008 \*\*\*\*50.00

20056743



<b>DOCUMENT # M01000001761</b> 1. Entity Name CBP BUILDING THREE LLC			
Principal Place of Business 2100 PARK CENTRAL BLVD. NORTH, STE. 900 POMPANO BEACH, FL 33064		Mailing Address 2100 PARK CENTRAL BLVD. NORTH, STE. 900 POMPANO BEACH, FL 33064	
2. Principal Place of Business 2875 N.E. 191 <sup>ST</sup> STREET Suite, Apt. #, etc. PENTHOUSE 1B City & State AVENTURA, FLORIDA Zip 33180 Country USA		3. Mailing Address 2875 N.E. 191 <sup>ST</sup> STREET Suite, Apt. #, etc. PENTHOUSE 1B City & State AVENTURA, FLORIDA Zip 33180 Country USA	
4. FEI Number 65-1128472		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04062005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  KLEIN, TED 8030 PETERS ROAD BUILDING D, SUITE # 104 PLANTATION, FL 33324		7. Name and Address of New Registered Agent  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>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ISSAC 2875 NE 191 STREET, PH 1 MIAMI, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ERWIN 2875 NE 191 STREET, PH 1 MIAMI, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOUT, JACK 2875 NE 191 STREET, PH 1 MIAMI, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILINSKI, SAUL 2875 NE 191 STREET, PH 1 MIAMI, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE</b>		Erwin Sredni 4/21/05 305 935 9940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	