


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 017 ****50.00

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DOCUMENT # M04000002542 1. Entity Name CP DEERFIELD, LLC					
Principal Place of Business 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM, AL 35203			Mailing Address 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM, AL 35203		
2. Principal Place of Business - No P.O. Box, # 3850 Hollywood Blvd		3. Mailing Address 3850 Hollywood Blvd			
Suite, Apt., #, etc. #400		Suite, Apt., #, etc. #400			
City & State Hollywood FL		City & State Hollywood FL		4. FEI Number 63-1098468	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <u>Robert M. Cornfeld</u> Street Address (P.O. Box Number is Not Acceptable) <u>3850 Hollywood Blvd #400</u> City <u>Hollywood</u> <u>FL</u> Zip Code <u>33021</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LOWDER, THOMAS H STREET ADDRESS 2101 SIXTH AVENUE NORTH, SUITE 750 CITY-ST-ZIP BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME CORNFELD, Robert M STREET ADDRESS 3850 Hollywood Blvd #400 CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME THOMPSON, C. REYNOLDS STREET ADDRESS 2101 SIXTH AVENUE NORTH, SUITE 750 CITY-ST-ZIP BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>3/19/07</u> (954) 989-2200		