

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000000235

**FILED**  
**Dec 11, 2006**  
**Secretary of State**

**Entity Name:** CPC MANAGEMENT CO., L.L.C.

**Current Principal Place of Business:**

5148 TREEPOINT DRIVE  
ARLINGTON, TX 76017

**New Principal Place of Business:**

PO BOX 110188  
NAPLES, FL 34108

**Current Mailing Address:**

5148 TREEPOINT DRIVE  
ARLINGTON, TX 76017

**New Mailing Address:**

PO BOX 110188  
NAPLES, FL 34108

**FEI Number:** 75-2621347      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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:** JEFF NOVATT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** CARTER, PATSY D  
**Address:** PO BOX 110188  
**City-St-Zip:** NAPLES, FL 341080104

**ADDITIONS/CHANGES:**

**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:** PATSY D CARTER

MS

12/11/2006

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