


**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90230 015 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M05000005022</b>		
1. Entity Name C/P INVESTMENTS, LLC		
Principal Place of Business 4321 PRESERVE PLACE DESTIN, FL 32541	Mailing Address 4321 PRESERVE PLACE DESTIN, FL 32541	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01092006No Chg-LLC CR2E083 (11/05)
4. FEI Number 41-2110875		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  PLEASANTS, CAROLE 4321 PRESERVE PLACE DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PLEASANTS, CAROLE 4321 PRESERVE PLACE DESTIN, FL 32541	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COOPER, WILLIAM S 4321 PRESERVE PLACE DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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>William S Cooper</u> <u>William S. Cooper</u>		850-830 4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 1/17/06 Daytime Phone #