2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000005022

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 FILED Feb 23, 2007 08:00 AM Secretary of State



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
41-2110875		Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

PLEASANTS, CAROLE 4321 PRESERVE PLACE DESTIN, FL 32541

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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 eignature required when reinstating)	DATE	_		
. F	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS			_		
TITLE	MGRM	1. × .				
NAME	PLEASANTS, CAROLE		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
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1321 PRESERVE PLACE C(TY+ST-7/2 DESTIN, FL 32541 MGRM TITLE NAME COOPER, WILLIAM S STREET ADDRESS 4321 PRESERVE PLACE CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

000000645725 03/05/07-80018-018 50.00

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11. I hereby certify that the information supplied with this fitting 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME STONING MEMBER OF AUTHORIZED REPRESENTATIVE

2-71-01

Daylimu Phone #