

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006287

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** COUNTY LINE ROAD FLORIDA LLC

**Current Principal Place of Business:**

1 SOUTH WASHINGTON STREET, SUITE 200  
ROCHESTER, NY 14614

**New Principal Place of Business:**

1020 LEHIGH STATION ROAD  
HENRIETTA, NY 14467

**Current Mailing Address:**

1 SOUTH WASHINGTON STREET, SUITE 200  
ROCHESTER, NY 14614

**New Mailing Address:**

PO BOX 230  
HENRIETTA, NY 14467

**FEI Number:** 26-1232262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEAR, CHRISTOPHER M ESQ.  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CPH FLORIDA LLC,  
Address: 1 SOUTH WASHINGTON STREET, SUITE 200  
City-St-Zip: ROCHESTER, NY 14614

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CPH FLORIDA LLC,  
Address: 1020 LEHIGH STATION ROAD  
City-St-Zip: HENRIETTA, NY 14467

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD R. LEFROIS

MGRM

04/29/2008

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