

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001471

1. Entity Name

LAGF ASSOCIATES-CPI, LLC

Principal Place of Business

Mailing Address

101 WEST MAIN STREET  
MOORESTOWN NJ 08057

101 WEST MAIN STREET  
MOORESTOWN NJ 08057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2130318

Applied For

Not Applicable

Zip

-Country

Zip

-Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KOCHENOUR, KENNETH  
2801 EAST COLONIAL DRIVE  
ORLANDO FL 32803

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HARPORT ASSOCIATES, LLC  
101 WEST MAIN STREET  
MOORESTOWN NJ 08057

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003337104--4  
-07/26/00--01092--001  
\*\*\*\*\*55.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-11-00

Date

215-972-2222

Daytime Phone #

CR2E083 (5/00)