2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000153452 FILED 07 OCT 11 AM 8: 36 COMMUNITY PROPERTY MANAGEMENT GROUP, INC., A FLORIDA CORPORATION SHANE FAIL DE STATE Principal Place of Business Mailing Address I ALLAMASSEE, FLORIDA 10003 COURTNEY PALMS BLVD 10003 COURTNEY PALMS BLVD TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 10022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 02-3811294 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, ROBERT W 2121 PONCE DE LEON BLVD, STE 1035 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City Zip Code 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 conted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Addition TITLE TITLE Change WENZEL, PETER NAME 2801 FLORIDA AVENUE, STE 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE DCEO Delete Change BURMAN, GARY NAME NAME 0<mark>0110941</mark> /07--01015--010 2801 FLORIDA AVENUE, STE 14 STREET ADDRESS STREET ACORESS ÷+61.25 COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE RICHARD, RONALD NAME NAME 10003 COURTNEY PALMS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY - ST - ZIP Delete ☐ Change Addition TITLE TITLE RICHARD, TANYA NAME NAME 10003 COURTNEY PALMS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information entail eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trickles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if any actives, with all other like empowered. 12. I nereby certify that the in indicated on this report or of the corporation or the re changed, or on an attachm Burman SIGNATURE: