


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
17. Feb 16, 2007 8:00 am
Secretary of State

01-23-2007 90057 032 ****50.00

DOCUMENT # L04000015866 1. Entity Name COUP, LLC	
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Principal Place of Business 13 S.W. 7TH STREET MIAMI, FL 33130 US	Mailing Address 13 S.W. 7TH STREET MIAMI, FL 33130 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC		CR2E083 (11/05)
4. FEI Number 20-1163965	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL LATTERNER & ASSOCIATES INC.
C/O ROBERT BANKS
13 SW 7TH ST
MIAMI, FL 33130

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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.

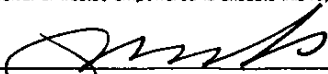
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, WAYNE 277 GALEON CT CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANKS, ROBERT 4600 SHERIDAN ST., #205 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  2/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #