


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90377 027 \*\*\*\*50.00

DOCUMENT # L04000040237

1. Entity Name  
 COPELAND LLC




Principal Place of Business Mailing Address  
 1019 S. TENNESSEE AVE. 1019 S. TENNESSEE AVE.  
 LAKE LAND, FL 33803 LAKE LAND, FL 33803

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 906 W Princeton St. 906 W. Princeton St.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Orlando, FL 32804 Orlando, FL 32804  
 Zip Country Zip Country  
 32804 32804

60049324



03172007 Chg-LLC CR2E083 (12/06)

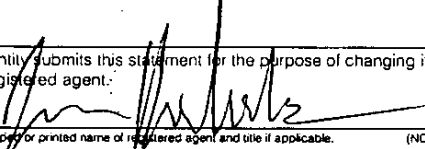
4. FEI Number Applied For  
 20-1149182 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRINER, KYLE  
 1019 S. TENNESSEE AVE.  
 LAKE LAND, FL 33803

7. Name and Address of New Registered Agent  
 Name Kyle Griner  
 Street Address (P.O. Box Number is Not Acceptable)  
 906 W. Princeton St.  
 City Orlando FL Zip Code 32804

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  DATE 4/21/07  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

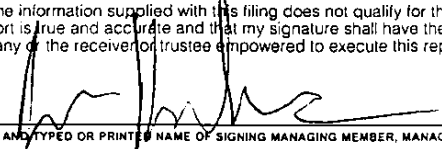
Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSH, AARON 2919 WOODLAND HILLS AVE. LAKE LAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIKENESS, JAMES 10456 SOVEREIGN DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAURENSEN, BRYAN 528 NORTON LANE ARNOLD, MD 21012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKLEW, JONATHAN 744 EAST CHILES STREET LAKE LAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Likeness <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8834 Royal Enclave Blvd Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Laurenson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 430 Cathcart Ave. Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/21/07 DAYTIME PHONE # (833) 838-2588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #