


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000110458**


1. Entity Name  
**C OF R MANAGEMENT GROUP, LLC**



Principal Place of Business      Mailing Address

**5223 HUNTERS RIDGE DRIVE**      **5223 HUNTERS RIDGE DRIVE**  
**NEW PORT RICHEY, FL 34655**      **NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3900276</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent-

**COOPER, DARREN**  
**5223 HUNTERS RIDGE DRIVE**  
**NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, DARREN 5223 HUNTERS RIDGE DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, LEIGH R 5223 HUNTERS RIDGE DR NEW PORT RICHEY, FL 34655
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000000896025  
 04/24/08-80091-014 138.75

**DO NOT WRITE IN THIS SPACE**

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:**  **Leigh R. Cooper AS MEMBER**      3/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #