

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000002879

FILED
Apr 30, 2003
Secretary of State

Entity Name: COOPER CITY DRUGSTORE, LLC

Current Principal Place of Business:

15565 NORTHLAND DR., STE. 812
SOUTHFIELD, MI 48075

New Principal Place of Business:

11105 STIRLING RD
COOPER CITY, FL 33328 US

Current Mailing Address:

15565 NORTHLAND DR., STE. 812
SOUTHFIELD, MI 48075

New Mailing Address:

FEI Number: 36-4509777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WOJNO, STEPHEN A
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

Title: MGR () Delete
Name: TUPPER, LEON E II
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

Title: MGR () Delete
Name: BROWN, RONALD
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN A. WOJNO

MGR

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date