

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003539

Entity Name: COOPER & SHEIN, LLC

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

6 RESERVOIR CIRCLE, SUITE 203
BALTIMORE, MD 21208

New Principal Place of Business:

Current Mailing Address:

6 RESERVOIR CIRCLE, SUITE 203
BALTIMORE, MD 21208

New Mailing Address:

FEI Number: 52-2335920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: COOPER, JEFFREY
Address: 6 RESERVOIR CIRCLE, SUITE 203
City-St-Zip: BALTIMORE, MD 21208

Title: MGRM () Delete
Name: SHEIN, JOSHUA
Address: 6 RESERVOIR CIRCLE, SUITE 203
City-St-Zip: BALTIMORE, MD 21208

Title: MGRM () Delete
Name: SOFER, MICHAEL
Address: 6 RESERVOIR CIRCLE, SUITE 203
City-St-Zip: BALTIMORE, MD 21208

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: JOSHUA SHEIN

MGRM

04/06/2005

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