


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
 1019 S. TENNESSEE AVE.
 LAKE LAND, FL 33803

Mailing Address
 1019 S. TENNESSEE AVE.
 LAKE LAND, FL 33803

60049324



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

3. Mailing Address
 906 W. Princeton St.
 Suite, Apt. #, etc.

03172007 Chg-LLC CR2E083 (12/06)

City & State
 Orlando, FL 32804

City & State
 Orlando, FL 32804

Zip Country
 32804

Zip Country
 32804

4. FEI Number
 20-1149182

Applied For
 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

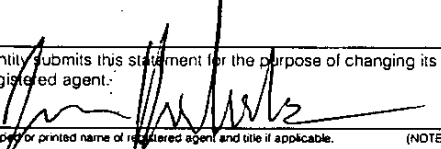
Name
 Kyle Griner

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  (NOTE: Registered Agent signature required when reinstating)

DATE 4/21/07

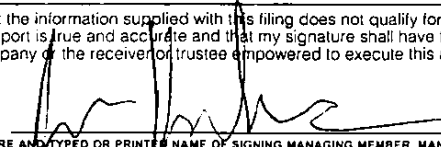
Filing Fee is \$50.00
 Due by May 1, 2007

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 8834 Royal Enclave Blvd Tampa, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Laurenson 430 Cathcart Ave. Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (833) 838-2588

Date 4/21/07 Daytime Phone #