

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002942

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: COOKE GOVERNMENT SYSTEMS, L.L.C.

**Current Principal Place of Business:**

3420 NORTHSIDE DR.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1800  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 76-0741233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARIN, PAUL  
3420 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: COOKE, JOHN KENT SR.  
Address: PO BOX 1887  
City-St-Zip: MIDDLEBURG, VA 20117

Title: MGR ( ) Delete  
Name: COOKE, JOHN K JR  
Address: PO BOX 1800  
City-St-Zip: KEY WEST, FL 33041

Title: MGR ( ) Delete  
Name: COOKE, THOMAS K  
Address: PO BOX 1800  
City-St-Zip: KEY WEST, FL 33041

**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 exemption stated in Chapter 119, 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: JOHN K. COOKE, JR.

MGR

01/07/2009

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