

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021980

Entity Name: COPE INVESTMENT, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2520 SOUTHWEST 115TH AVE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2520 SOUTHWEST 115TH AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0405721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARISTA, EDUARDO R ESQ
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD 5TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARISTA, EDUARDO R ESQ
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD 7TH FLOOR
CORAL GABLES, FL 33134 US

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: EDUARDO R. ARISTA

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAEZ, PEDRO J
Address: 8290 NORHTWEST 25TH STREET
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: SAEZ, CONSUELO
Address: 8290 NORHTWEST 25TH STREET
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

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: PEDRO J. SAEZ

MGMR

05/01/2009

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