


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90217 038 ****50.00

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| DOCUMENT # L01000007601 |  |
| 1. Entity Name COPESTONE LLC | |

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| Principal Place of Business 1031 IVES DAIRY RD. #128 MIAMI, FL 33179 | Mailing Address 1031 IVES DAIRY RD. #128 MIAMI, FL 33179 |
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| 2. Principal Place of Business - No P.O. Box # 929 Tulip Circle | 3. Mailing Address 929 Tulip Circle |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|-----------------------------------|-----------------------------------|
| City & State Weston, FL | City & State Weston, FL |
|-----------------------------------|-----------------------------------|

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|---------------------|----------------------|---------------------|----------------------|
| Zip 33327 | Country US | Zip 33327 | Country US |
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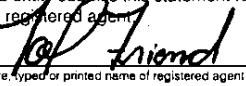
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| 6. Name and Address of Current Registered Agent |
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| NEUMAN, AXEL ISY 1031 IVES DAIRY RD. #128 MIAMI, FL 33179 |
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| 7. Name and Address of New Registered Agent |
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| Name Joel Friend and Associates, Inc. |
| Street Address (P.O. Box Number is Not Acceptable) 2200 N Commerce Pkwy, Ste. 202 |
| City Weston FL Zip Code 33326 |

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| 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. |
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| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE 1/10/07 |
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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | 10. ADDITIONS/CHANGES |
|------------------------------|-----------------------|

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KOEGLER, EILEEN 1031 IVES DAIRY RD., SUITE 128 MIAMI, FL 33179 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NEUMANN, AXEL 929 Tulip Circle Weston, FL 33327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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| 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. | | |
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|---|----------|-----------------|
| SIGNATURE:  | 01/10/07 | 954-2179583 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |