

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010922**  
1. Entity Name  
**COPPERMINE RIDGE, LLC.**



Principal Place of Business  
**2441 INDIAN TRAIL W.  
PALM HARBOR FL 34683**

Mailing Address  
**2441 INDIAN TRAIL W.  
PALM HARBOR FL 34683**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **59-3760452** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**BOURDON, PAUL  
2441 INDIAN TRAIL W  
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

000000439744  
03/02/06-80012-012 50.00

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, JOSEPH W			NAME			
STREET ADDRESS	2220 GLORIA CIRCLE, #133			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURDON, PAUL W			NAME			
STREET ADDRESS	2441 INDIAN TRAIL WEST			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, CAROL			NAME			
STREET ADDRESS	2220 GLORIA CIRCLE, #133			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURDON, CATHERINE			NAME			
STREET ADDRESS	2441 INDIAN TRAIL W.			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Catherine Bourdon* 2/12/06 727-784-7216