

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018366

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: COOK INVESTMENT MANAGERS, LLC

**Current Principal Place of Business:**

2545 S. ATLANTIC AVE., STE. 1501  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2545 S. ATLANTIC AVE., STE. 1501  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 41-1720023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOK, PAUL S  
2545 S. ATLANTIC AVE., STE. 1501  
DAYTONA BEACH, FL 32118 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: COOK, PAUL S  
Address: 2545 S. ATLANTIC AVE., STE. 1501  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COOK, PAUL S  
Address: 2545 S. ATLANTIC AVE., STE. 1501  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM ( ) Change (X) Addition  
Name: COOK, LINDA C  
Address: 2545 S. ATLANTIC AVE., STE 1501  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL S. COOK

MGRM

01/14/2005

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