


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000019659 1. Entity Name COSTECH, LLC	
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Principal Place of Business 950 3RD AVENUE 20TH FLOOR NEW YORK, NY 10022	Mailing Address 600 SOUTH MAGNOLIA SUITE 375 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0003021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SULLIVAN, ANTHONY 600 SOUTH MAGNOLIA AVE. SUITE 375 TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

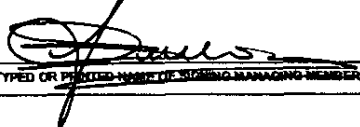
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN, JOANNE 950 3RD AVE 20TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, ANTHONY 54 ADALIA AVE TAMPA, FL 33606
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02/27/08-80046-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/13/08

Date

Daytime Phone #