

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90055 020 \*\*\*\*50.00

**20065009**



<b>DOCUMENT # L02000000809</b> 1. Entity Name <b>COOPER COATING COMPANY, LLC</b>					
Principal Place of Business <b>220 SOUTH RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH, FL 32114</b>			Mailing Address <b>220 SOUTH RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business <b>5110 140th Ave. North</b> Suite, Apt. #, etc.		3. Mailing Address <b>5110 140th Ave. North</b> Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b> Zip <b>33760</b> Country		City & State <b>Clearwater, FL</b> Zip <b>33760</b> Country		4. FEI Number <b>30-0006383</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				07052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>SASTRI, VENKI M 220 SOUTH RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name <b>Sastri, Venki M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5110 140th Ave. North</b> City, State, Zip <b>Clearwater FL 33760</b>		
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 <u><i>[Signature]</i></u> DATE <u>7/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SASTRI, M.S. 220 SOUTH RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mgr Sastri, M.S. 5110 140th Ave. North Clearwater, FL 33760</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>M. S. SASTRI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/19/05</u> Daytime Phone # <u>727-535-6160</u>		