2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 90087 004 ****50.00

DOCUMENT # L02000004122

1. Entity Name
J. & G. COOPMAN, LLC

Principal Place of Business	Mailing Address
3710 GEORGIA AVENUE WEST PALM BEACH FL 33405	3710 GEORGIA AVENUE WEST PALM BEACH FL 33405

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3700 Georgia Ave		3700 Georgia Ave	
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33405	Country United States	Zip 33405	Country United States

4. FEI Number 01-0627068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 MURPHY, REID, PILOTTE PALM BEACH FL 33480	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER NEIL VALENTINE 3700 GEORGIA AVE, SUITE 1 WEST PALM BEACH, FL. 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER WARREN JENSEN 3700 GEORGIA AVE, SUITE 1 WEST PALM BEACH, FL. 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED WARREN S. JENSEN 4/22/03 561-833-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #