


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000011719 1. Entity Name COPACO LIQUIDATING, LLC	
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Principal Place of Business 1555 BAYWATER COURT HEATHROW, FL 32746	Mailing Address 1555 BAYWATER COURT HEATHROW, FL 32746
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3668217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVE., STE. 1500
ORLANDO, FL 32803

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWD, J. STEVEN 1555 BAYWATER CT. HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWD, E. MICHAEL 742 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708
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03/13/07-80042-004 50.00

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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:  E. MICHAEL DOWD/MGR 2-28-07 407 256-7251

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