


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90036 049 ****50.00

DOCUMENT # L02000024712

1. Entity Name
COSCAN ASSETS, LLC



Principal Place of Business
**5555 ANGLERS AVENUE
 SUITE 1A
 FT. LAUDERDALE, FL 33312**

Mailing Address
**5555 ANGLERS AVENUE
 SUITE 1A
 FT. LAUDERDALE, FL 33312**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
14-1849609

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

60035852



6. Name and Address of Current Registered Agent

**FERRELL GROUP CORPORATE SERVICES, L.L.C.
 201 SOUTH BISCAYNE BLVD.
 34TH FLOOR
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
REGISTERED AGENTS OF FLORIDA, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND STREET, STE 2900

City
MIAMI FL Zip Code
33131

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  **Howard J. Vogel, Vice President** 3/14/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIAZZA, ALBERT C 5555 ANGLERS AVENUE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 member or trustee empowered to execute this report as Chapter 608, Florida Statutes.

SIGNATURE:  **Albert C. Piazza** 3/20/07 (954) 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #