2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 08, 2004 8:00 am Secretary of State

08-23-2004 90151 034 ****50.00

DOCUMENT # L030000333331 COPELAND EXCHANGE, L.L.C. Principal Place of Business Mailing Address 34010290 901 64TH STREET WEST 901 64TH STREET WEST BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 CR2E083 (10/03) Chg-LLC 4. FEI Number 20 - 0171061 Applied For City & State City & State Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OZARK, DAMIAN M Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVENUE WEST OZARK, PERRON & NELSON, P.A. BRADENTON, FL 34205 6. 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. Make check payable to : Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of Stat MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MEMBER - MANAGER ☐ Change Addition TITLE Delete me ROSS C. HODGES 901 buth st. w. Beadenton FL NAME NAME STREET ADDRESS CTREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗆 Delete IME ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Addition MLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: IC MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 25, 2004

COPELAND EXCHANGE, L.L.C. 901 64TH STREET WEST **BRADENTON, FL 34209**

Subject: COPELAND EXCHANGE, L.L.C.

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/st ANNUAL REPORTS SECTION