

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 004 ****50.00

20040297



04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2413676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L03000043474
 1. Entity Name
 COOPER-BROWN PROPERTIES, LLC



Principal Place of Business
 510 SECOND AVE.
 MELBOURNE BEACH, FL 32951

Mailing Address
 510 SECOND AVE.
 MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, JAMES W
 510 SECOND AVE.
 MELBOURNE BEACH, FL 32951

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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINFIELD BROWN, JAMES 510 2ND AVE. MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL R Cooper P.O. Box 33292 INDIANAPOLIS, IN 46203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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]* DANIEL R Cooper 4-18-05 321-626-0823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #