## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE: CALL COOMERS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L03000046075

1. Entity Name

## CARL R COOPER JR LLC



**FILED** Apr 25, 2008 08:00 AM Secretary of State



2292 CARROLL GROVE DRIVE  LYMAR FL 33812  2. Princ data Place of Bueness - No P.C. Box # 3. Malaring Address  Suite. April # district Country  City & Status  Country  Country	Principal Place of Business		Mailing Address	Mailing Address							
Suries April   Suries   Suri	TAMPA FL 33612		2329 CARROLL GROVE DRIVE TAMPA FL 33612								
City & State   City & City & State   City & City & State   City & State   City & State   City & City & State   City & City & City & State   City & Ci	2. Principa: Place of Business - No P.O. Box #		3. Mailing Address			"	######################################			/BB4 (I)  BB	
54-2133188  Nox Applicable 7-P  Country 7-10  Country 5, Certificate of Stess Deserted	Suite, Apt. #, etc		Suite, Apt. #, etc		1	1st MOORE CR2E083 (10/07)					
S. Name and Address of Current Registered Agent  COOPER, CARL R JR. 2329 CARROLL GROVE DRIVE TAMPA FL 33612  City FL Zo Code  8. The above named entity submiss inis statement for the purpose of changing iss registered different agent. Crosh in the State of Fordal. I am familiar with, and accept the objective of implication of implications of implications and incomplete agent. PL Zo Code  8. The above named entity submiss inis statement for the purpose of changing iss registered different agent. Crosh in the State of Fordal. I am familiar with, and accept the objective of implications of implications agent. In some purpose of changing iss registered different agent. Crosh in the State of Fordal. I am familiar with, and accept the objective of implications of implications agent. In some purpose of changing issued results a content to the state of Fordal. I am familiar with, and accept the objective of implications agent. In some purpose of changing issued results a content to the state of Fordal. I am familiar with, and accept the fordal of implications agent. Crosh in the State of Fordal. I am familiar with, and accept the fordal of the familiar with, and accept the fordal of the familiar with and accept the fordal of the familiar with and accept the fordal of the familiar with. And accept the familiar with and accept the familiar with and accept the familiar with a familiar with accept the familiar with a familiar with accept the familiar with acc	City & State		City & State		4. FEI Num	54-213318	38				
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Signate Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	gistered Agent			7. Name a	7. Name and Address of New Registered Agent				
2329 CARROLL GROVE DRIVE TAMPA FL 33612  6. The above instruction and sequence special sequences of changing its registered diffice or registered agent, or both in the State of Florida. I am familiate with and accept the obligations of registered agent, or both in the State of Florida. I am familiate with and accept the obligations of registered agent, or both in the State of Florida. I am familiate with and accept the obligations of registered agent, or both in the State of Florida. I am familiate with and accept the obligations of registered agent, or both in the State of Florida. I am familiate with and accept the obligation of registered agent, or both in the State of Florida. I am familiate with and accept the obligation of registered agent, or both in the State of Florida. I am familiate with and accept the florida perartment of State.  9. MANAGING MEMBERS / NANAGERS 10. ADDITIONS (CHANGES)  9. MANAGING MEM				Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or politure agent, or politure to	232	9 CARROLL GROVE DRIVE		,		Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    Signature   File   Now     FEE IS S138.75				·							
SIGNATURE			r the purpose of changing its	registere	ed office or regi	istered agent, or t	ooth, in the State of F	lorida. Lam t	familiar with,	and accept	
Signature in relativement of regarded suppression as the position of the posit	ale obliga	iona of registered again.									
### FILE NOW!!! FEE IS, \$138.75   After May 1, 2008; Fee WIII. Be \$538.75   Make Check Payable to Florida Department of State.  ### MANAGING MEMBERS / MANAGERS	*SIGNATURE										
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