

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000494

Entity Name: COPTER COMPLEX, L.L.C.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

2814 COPTER RD.  
A  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7548  
PENSACOLA, FL 32534

**New Mailing Address:**

FEI Number: 54-2141771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTSON, WILSON B  
2814 COPTER RD.  
A  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTSON, WILSON B  
Address: P. O. BOX 7548  
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM ( ) Delete  
Name: COTTON, C. WAYNE  
Address: PO BOX 7548  
City-St-Zip: PENSACOLA, FL 32534

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BRAZWELL, J. LAMAR  
Address: P O BOX 7548  
City-St-Zip: PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. WAYNE COTTON

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date