

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022638

FILED
Sep 05, 2006
Secretary of State

Entity Name: COOPER RESEARCH ASSOCIATES, LLC

Current Principal Place of Business:

9339 PASEO DE VALENCIA STREET
FT. MYERS, FL 33908 US

New Principal Place of Business:

12382 GREEN STONE COURT
FT. MYERS, FL 33913 US

Current Mailing Address:

9339 PASEO DE VALENCIA STREET
FT. MYERS, FL 33908 US

New Mailing Address:

12382 GREEN STONE COURT
FT. MYERS, FL 33913 US

FEI Number: 32-0121682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COMMON GROUNDS
710 VIA ESPLANADE
PUNTA GORDA, FL 33905 US

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: AJJC

09/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COOPER, CARL J
Address: 9339 PASEO DE VALENCIA STREET
City-St-Zip: FT. MYERS, FL 33908 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COOPER, CARL J
Address: 12382 GREEN STONE COURT
City-St-Zip: FT. MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL J COOPER

MGRM

09/05/2006

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