



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------------|--|---|--|--|
| DOCUMENT # L04000040237 | | | |  | |
| 1. Entity Name COPELAND LLC | | | | | |
| Principal Place of Business 1019 S. TENNESSEE AVE. LAKELAND, FL 33803 | | | Mailing Address 1019 S. TENNESSEE AVE. LAKELAND, FL 33803 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03222006 Chg-LLC CR2E083 (11/05) | |
| Zip | | Country | | 4. FEI Number 20-1149182 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GRINER, KYLE 1019 S. TENNESSEE AVE. LAKELAND, FL 33803 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARSH, AARON | | NAME | UN0000503537 | |
| STREET ADDRESS | 2919 WOODLAND HILLS AVE. | | STREET ADDRESS | 04/28/06-80048-009 50.00 | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIKNESS, JAMES | | NAME | | |
| STREET ADDRESS | 10456 SOVEREIGN DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO, FL 33774 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAURENSEN, BRYAN | | NAME | | |
| STREET ADDRESS | 528 NORTON LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ARNOLD, MD 21012 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCKLEW, JONATHAN | | NAME | | |
| STREET ADDRESS | 744 EAST CHILES STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33801 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Jonathan Bucklew | | 4/11/06 863-838-2588 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |