FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90016 020 ****50.00 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000040301 1. Entity Name

COOPERS BASIN LLC						
Principal Place of Business 4828 DAVIS HWY PENSACOLA, FL 32503		Mailing Address 4828 DAVIS HWY PENSACOLA, FL 32503	3			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005 Chg-LLC CR2E083 (10/03)		
City & State		City & State		4. FEI Number Applied For 59. 3288/38 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required		
6. Name and Address of Current R		Registered Agent		7. Name and Address of New Registered Agant		
GERSTENBERG, BRYAN 4828 DAVIS HWY			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA, FL 32503						
			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						
Signature, type	d or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature rec	required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES			
STREET ADDRESS 4828 DA	NBERG, BRYAN VIS HWY	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		
· · · · · · · · · · · · · · · · · · ·	OLA, FL 32503		CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
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 it 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: 350 472-8619						