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Secretary of State

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04192005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054863

1. Entity Name
COPANS INDUSTRIAL CENTER, L.L.C.

Principal Place of Business	Mailing Address
900 S.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33316	900 S.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33316

2. Principal Place of Business		3. Mailing Address	
		1815 Cordova Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 210	
City & State		City & State Fort lauderdale, FL	
Zip	Country	Zip 33316	Country USA

4. FEI Number 51-0537788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AURELIUS, JOHN E 4367 N. FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308	Name John T. Loos Street Address (P.O. Box Number is Not Acceptable) 1815 Cordova Road #210 City Fort lauderdale FL Zip Code 33316

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 JOHN T. LOOS [signature] 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOOS, JOHN T JR. 900 S.E 3RD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Loos, John T Jr. 1815 Cordova Road #210 Fort Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] As MANAGER 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #