2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # L0400070378 1. Entity Name COWPEN ASSOCIATES, LLC				
Principal Place of Business Mailing Address 6500 COWPEN RD, #301 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014				
D	O NOT WRITE 6. Name and Address of Current R	}	CE	01232006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S. \$5.00 Additional Fee Required
DANIEL M. KEIL, P.A. 6500 COWPEN RD, STE 301 MIAMI LAKES, FL 33014				DO NOT WRITE IN THIS SPACE
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 Signuture, typed or provided name of registered agent and offer applicable. (NOTE, Registered Agent signature required when reinstaurg) DATE.				
F: D:	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBER	RS/MANAGERS		
THLE MAME STREET ADDRESS CITY-ST-ZIP	MGR KEIL, DANIEL M 6500 COWPEN RD, STE 301 MIAMI LAKES, FL 33014			
TITLE NAME STREET ADDRESS CITY ST-ZIP				02/15/06-80031-024-50.00
The Name Street address City-St-Cip		,		DO NOT WRITE
DILE NAME SIREET ADDRESS CITY-ST-ZIP		:		IN THIS SPACE
TITLE NAME STREET ADDRESS CATY: \$1-21P				
TITLE NAME SIPPLE AUGRESS GHY-SI-ZIP		1		
11. I hereby indicated limited lis	certify that the information supplied with tion this report is true and accurate and ability company or the receiver of mister	this filing does not qualify for the that my signature shall have the sempowered to execute this reno	exemptions contains same legal effect as rt as required by Ch	ed in Chapter 119, Florida Statutes. I further certify that the information if made under outh; that I am a managing member or manager of the apter 808, Florida Statutes.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE