2008 LIMITED LIABILITY COMPANY

Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-15-2008 90114 004 ***138.75 DOCUMENT # L04000070378 COWPEN ASSOCIATES, LLC Principal Place of Business Mailing Address 60023573 6500 COWPEN RD, #301 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 01042008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1679207 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIEL M. KEIL, P.A. DO NOT WRITE 6500 COWPEN RD, STE 301 MIAMI LAKES, FL 33014 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Ø. MANAGING MEMBERS/MANAGERS 9. TITLE NAME KEIL, DANIEL M STREET ADDRESS 6500 COWPEN RD, STE 301 MIAMI LAKES, FL 33014 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cortify 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 trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the limited liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to the liability company or the receiver or trusten empowered to th

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

305-871-5500

FILED