

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080844

Entity Name: COOL, LLC

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

10355 HAMMOCKS BLVD.
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

10355 HAMMOCKS BLVD.
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-2178064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, JANE
10355 HAMMOCKS BLVD.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JOHNSON, JANE
Address: 10355 HAMMOCKS BLVD.
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JOHNSON, KENT D
Address: 10355 HAMMOCKS BLVD
City-St-Zip: MIAMI, FL 33196

Title: MGRM () Change (X) Addition
Name: VARELA, MARIA C
Address: 10355 HAMMOCKS BLVD
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JANE JOHNSON

MGRM

05/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date