2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L04000081148

Entity Name: COUP INVESTMENTS, LLC

Current Principal Place of Business:

6843 NORTHWICH DR.
WINDERMERE, FL 34786

New Principal Place of Business:

8949 ROYAL BIRKDALE LANE
ORLANDO, FL 32819

Current Mailing Address:

6843 NORTHWICH DR.
WINDERMERE, FL 34786

New Mailing Address:

8949 ROYAL BIRKDALE LANE
ORLANDO, FL 32819

FEI Number: 20-1862509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUP, NOREEN
6843 NORTHWICH DR.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

COUP, THIERRY
8949 ROYAL BIRKDALE LANE
ORLANDO, FL 32819 US

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: THIERRY COUP 03/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COUP, THIERRY J
Address: 6843 NORTHWICH DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: COUP, NOREEN D
Address: 6843 NORTHWICH DR.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COUP, THIERRY J
Address: 8949 ROYAL BIRKDALE LANE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: COUP, NOREEN D
Address: 8949 ROYAL BIRKDALE LANE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THIERRY COUP MGR 03/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date