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FILED
Jun 09, 2005 8:00 am
Secretary of State
05-04-2005 90039 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081478

1. Entity Name
COOPERMAN WEISS CONSULTING LLC

Principal Place of Business	Mailing Address
~~9 ISLAND AVENUE MIAMI BEACH, FL 33139~~	~~9 ISLAND AVENUE MIAMI BEACH, FL 33139~~

01292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
277 VELEROS COURT	277 VELEROS COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33143 Country:	Zip: 33143 Country:

4. FEI Number: 87-0735548 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
COOPERMAN, SAMUEL
9 ISLAND AVENUE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name: COOPERMAN, SAMUEL
Street Address (P.O. Box Number is Not Acceptable): 277 VELEROS COURT
City: CORAL GABLES FL Zip Code: 33143

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: [signature] DATE: 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	COOPERMAN, SAMUEL	NAME	
STREET ADDRESS	9 ISLAND AVENUE	STREET ADDRESS	277 VELEROS COURT
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signatures] CPA 4/27/05 2033591100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SAMUEL COOPERMAN EDWARD BACKER CPA