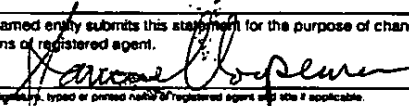
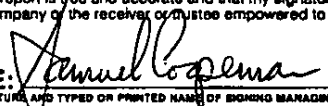
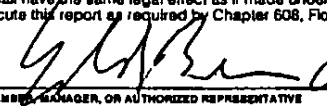


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 09, 2005 8:00 am
Secretary of State

05-04-2005 90039 024 ****50.00

DOCUMENT # L04000081478			
1. Entity Name COOPERMAN WEISS CONSULTING LLC			
Principal Place of Business 9 ISLAND AVENUE MIAMI BEACH, FL 33139		Mailing Address 9 ISLAND AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business 277 VELEROS COURT		3. Mailing Address 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  DATE 6/27/05 Signature, typed or printed name of registered agent and state 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPERMAN, SAMUEL 9 ISLAND AVENUE MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 277 VELEROS COURT CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:   DATE 6/27/05 2033591100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

SAMUEL COOPERMAN EDWARD BACKER CPA