

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082914

FILED
Mar 23, 2009
Secretary of State

Entity Name: COOPER LAWRENCE (FLORIDA), LLC

Current Principal Place of Business:

5801 PELICAN BAY BLVD., SUITE 103
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5801 PELICAN BAY BLVD., SUITE 103
NAPLES, FL 34108

New Mailing Address:

FEI Number: 56-2486582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECK, DANIEL D
5801 PELICAN BAY BLVD., SUITE 103
NAPLES, FL 34108 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/MANAGERS:

Title: MGR () Delete
Name: CLARK, DAVID L
Address: 65 WINDSOR ROAD, THORPE HESLEY ROTHERHAM
City-St-Zip: SOUTH YORKSHIRE ENGLAND, S612QU

Title: MGR () Delete
Name: TITMAN, MICHAEL G
Address: 1 TERN PARK COLLINGHAM
City-St-Zip: WEST YORKSHIRE ENGLAND, LS225LY

Title: MGR () Delete
Name: JAMES, PHILIP F
Address: 14 GRASMERE AVENUE WETHERBY
City-St-Zip: WEST YORKSHIRE ENGLAND, LS226YT

ADDITIONS/CHANGES:

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

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

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

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: MICHAEL TITMAN

MR

03/23/2009

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