2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000086907

1. Entity Name
DIMENSIONAL COPPER, LLC

Principal Place of Business	Mailing Address
26214 BAIRD AVENUE MOUNT PLYMOUTH, FL 32776	26214 BAIRD AVENUE MOUNT PLYMOUTH, FL 32776

DO NOT WRITE IN THIS SPACE

01102007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2070697	Not Applicable

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

6. Name and Address of Current Registered Agent

AWALT, MICHAEL J
26214 BAIRD AVENUE
MOUNT PLYMOUTH, FL 32776

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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, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AWALT, MICHAEL J
STREET ADDRESS	26214 BAIRD AVENUE
CITY-ST-ZIP	MOUNT PLYMOUTH, FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #