2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 01, 2006 08:00 AM Secretary of State DOCUM* "L04000089802 1. Entity Name L. COOPER, LLC Principal Place of Business Mailing Address 14203 ASHBURN PLACE 14203 ASHBURN PLACE TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 01-0825938 Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, LINDA R 14203 ASHBURN PLACE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** Zip Code 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 protect name of registered agent and side if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES U00000547929 □ Chamge 05/12/06-80040-021 150.00 me Detete DILL NAME COOPER, LINDA R NAME STREET ADDRESS 14203 ASHBURN PLACE STREET AUDRESS City-SI-ZIP TAMPA FL 33624 CHY-ST-ZIP ☐ Delete BILE TITLE Change □ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP 7(7) (☐ Defete TITLE ☐ Change The Address NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P RATE Defete TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete Title ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ITP CHY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Mys.

28.06. 813.960.2686

FILED