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Secretary of State
03-14-2006 90204 004 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30006371

02272006 Chg-LLC CR2E063 (11/05)

DOCUMENT # L05000002888

1. Entity Name
J COERPER INVESTMENTS, LLC

Principal Place of Business	Mailing Address
103 WORNALL DRIVE SANFORD, FL 32771 US	103 WORNALL DRIVE SANFORD, FL 32771 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 27-0114272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COERPER, JOHN 103 WORNALL DRIVE SANFORD, FL 32771	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 JOHN COERPER 4.10.06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COERPER, JOHN 103 WORNALL DRIVE SANFORD, FL 32771	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COERPER, JOHN 103 WORNALL DRIVE SANFORD, FL 32771	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐

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: 4.25.06 407-444-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #