

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 021 ****50.00

DOCUMENT # L05000009910



1. Entity Name
COPP & SON INTERIORS L.L.C.

Principal Place of Business
**1310 W INDIES WAY
 LANTANA, FL 33462**

Mailing Address
**1310 W INDIES WAY
 LANTANA, FL 33462**

20033756

2. Principal Place of Business
1310 West Indies Way
 Suite, Apt. #, etc.

3. Mailing Address
1310 West Indies Way
 Suite, Apt. #, etc.



02022006 Chg-LLC CR2E083 (11/05)

City & State
Lantana, FL
 Zip
33462
 Country
USA

City & State
Lantana FL
 Zip
33462
 Country
USA

4. FEI Number
20-232 4493
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COPP, ERIK
 1310 W INDIES WAY
 LANTANA, FL 33462**

7. Name and Address of New Registered Agent
 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 *Erik D. Copp* **Erik D. Copp Vice President** **4/12/2006**
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

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **COPP, ERIK**
 STREET ADDRESS **1310 W INDIES WAY**
 CITY-ST-ZIP **LANTANA, FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **COPP, DEAN**
 STREET ADDRESS **1310 W INDIES WAY**
 CITY-ST-ZIP **LANTANA, FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 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 *Erik D. Copp* **Erik D. Copp** **4/12/2006** **(561)3138223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #