

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90121 017 ***138.75

DOCUMENT # L05000060236
 1. Entity Name
 COUPER HOLDING COMPANY, LLC



Principal Place of Business
 1414 VISTA COVE ROAD
 ST. AUGUSTINE, FL 32084

Mailing Address
 1414 VISTA COVE ROAD
 ST. AUGUSTINE, FL 32084

60002838



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 33263 Lakeshore Blvd
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 76-0794625

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GIBBS, GEORGE W IV
 1414 VISTA COVE ROAD
 ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
 Name
 George W. Gibbs III
 Street Address (P.O. Box Number is Not Acceptable)
 5005 Yacht Club Rd
 City
 Jacksonville FL Zip Code
 32210

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBBS, GEORGE W IV 1414 VISTA COVE ROAD ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 George W. Gibbs III 1/16/08 904-389-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #