2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) →

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State DOCUMENT # L05000078376 1. Enting Name 03-03-2006 90004 022 ***150.00 COOPER COMMERCE CENTER TWO, LLC Principal Place of Business Mailing Address 970 OCOEE-APOPKA ROAD APOPKA FL 32703 970 OCOEE-APOPKA ROAD APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 970 OCOEE-APOPKA ROAD APOPKA FL 32703 City 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 lamiliar with, and accept the obligations of registered agent. Signalists, typed or preded name or registered agent and tide a suplicable. (NOTE, Registered Agent segrature registere) when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS / MANAGERS 10 ADDITIONS/CHANGES TITLE MGRM ☐ Delete 1(T) F ☐ Addition NAME COOPER, MICHAEL R NAME STREET ADDRESS 970 OCOEE-APOPKA ROAD STREET ADDRESS CITY-ST-78 APOPKA FL 32703 CITY-ST-ZIP THE Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 79 CITY-ST- ZIP TITLE Delete DILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Oelete BILE ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY+S1-ZIP lion supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the inform indicated on this report is true limited liability company or the

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

COOPER COMMERCE CENTER TWO, LLC 970 OCOEE-APOPKA ROAD APOPKA, FL 32703

Subject: COOPER COMMERCE CENTER TWO, LLC

Reference Number:

L05000078376

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s).

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM ANNUAL REPORTS SECTION