


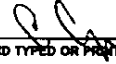


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90333 026 \*\*\*143.75

<b>DOCUMENT # L05000090410</b>					
<b>1. Entity Name</b> CLIFF COPPEN WOODWORKING, LLC					
<b>Principal Place of Business</b> 42 CHESHIRE STREET PORT CHARLOTTE, FL 33953-1363			<b>Mailing Address</b> 42 CHESHIRE STREET PORT CHARLOTTE, FL 33953-1363		
<b>2. Principal Place of Business - No P.O. Box #</b> 344 MILFORD STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 344 MILFORD STREET Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT CHARLOTTE FL Zip 33953 Country CHARLOTTE		<b>City &amp; State</b> PORT CHARLOTTE FL Zip 33953 Country CHARLOTTE		03062008 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COPPEN, CLIFFORD J 13197 DORAL AVE PORT CHARLOTTE, FL 33951 <span style="float: right;">CHANGE</span>			<b>7. Name and Address of New Registered Agent</b> Name COPPEN CLIFFORD J Street Address (P.O. Box Number is Not Acceptable) 344 MILFORD ST City PORT CHARLOTTE FL Zip Code 33953		
<b>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.</b>					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">3 7 08</span> DATE					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COPPEN, CLIFFORD J 42 CHESHIRE STREET PORT CHARLOTTE, FL 339531363	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COPPEN CLIFFORD J 344 MILFORD ST PORT CHARLOTTE FL 33953-1363	<input checked="" 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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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
<b>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.</b>					
<b>SIGNATURE:</b> 			3 7 08 941 743 9225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		