

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90216 025 \*\*\*\*50.00

**DOCUMENT # L05000110458**

1. Entity Name  
C OF R MANAGEMENT GROUP, LLC



Principal Place of Business  
5223 HUNTERS RIDGE DRIVE  
NEW PORT RICHEY, FL 34655

Mailing Address  
5223 HUNTERS RIDGE DRIVE  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-3900276

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COOPER, DARREN  
5223 HUNTERS RIDGE DRIVE  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COOPER, DARREN  
5223 HUNTERS RIDGE DRIVE  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LEIGH R. COOPER  
5223 HUNTERS RIDGE DRIVE  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

**Leigh R. Cooper**

2/3/07  
Date

(27) 375-9008  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE