

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90036 050 ****50.00

DOCUMENT # L06000013614					
1. Entity Name COSCAN, LLC					
Principal Place of Business 5555 ANGLERS AVENUE SUITE 1-A FORT LAUDERDALE, FL 33312			Mailing Address 5555 ANGLERS AVENUE SUITE 1-A FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4260356				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>REGISTERED AGENTS OF FLORIDA, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>100 SOUTHEAST 2ND STREET STE 2900</u> City: <u>MIAMI</u> FL Zip Code: <u>33131</u>		
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 _____		Howard J. Vogel, Vice President 3/14/07			
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIAZZA, ALBERT C 5555 ANGLERS AVENUE, SUITE 1-A FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEAL, MIKE 5555 ANGLERS AVENUE, SUITE 1-A FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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: <u>Albert C. Diazza</u> 3/20/07 (954) 620-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #