

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033230

FILED
May 01, 2008
Secretary of State

Entity Name: COFIT AMERICA, LLC.

Current Principal Place of Business:

1202 SW LIGHTHOUSE DRIVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2238
PALM CITY, FL 34991 US

New Mailing Address:

1202 SW LIGHTHOUSE DRIVE
PALM CITY, FL 34990 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VOGEL, ROBERT P SR.
1202 SW LIGHTHOUSE DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VOGEL, ROBERT P SR.
Address: 1202 SW LIGHTHOUSE DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: MGR () Delete
Name: REID, FRASER D
Address: 24 NEWFIELDS ROAD
City-St-Zip: EXETER, NH 03833 US

Title: MGR () Delete
Name: FABBRI, ALLESSANDRO
Address: VIA REDI 28
City-St-Zip: MILAN, IT 20129 IT

Title: MGR () Delete
Name: DENTI, PAOLO
Address: VIA MORONA 10
City-St-Zip: TREZZANO SUL NAVIGILO, IT 20090 IT

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT P. VOGEL

MR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date