

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008992

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** COPS INVESTMENTS FL, LLC

**Current Principal Place of Business:**

14021 SW 143 COURT, STE 6  
MIAMI, FL 33186

**New Principal Place of Business:**

14272 S.W. 140 ST  
111  
MIAMI, FL 33186

**Current Mailing Address:**

14021 SW 143 COURT, STE 6  
MIAMI, FL 33186

**New Mailing Address:**

14272 S.W. 140 ST  
111  
MIAMI, FL 33186

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, STE 601  
CORAL GABLES, FL 33134    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      JOSE, E LOPEZ  
Address:                      14272 S.W. 140 ST #111  
City-St-Zip:                      MIAMI, FL 33186

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: JOSE E. LOPEZ                      MGRM                      02/23/2009

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