

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058839

FILED
Apr 22, 2009
Secretary of State

Entity Name: COPANS PARK HOLDINGS, LLC

Current Principal Place of Business:

4901 NW 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

4901 NW 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309 US

Current Mailing Address:

4901 NW 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309

New Mailing Address:

4901 NW 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309 US

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

Name and Address of Current Registered Agent:

MELAND, RUSSIN & BUDWICK, P.A.
200 SOUTH BISCAYNE BLVD.
3000 WACHOVIA FINANCIAL CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEVY, ALAN M
4901 NW 17TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 US

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: ALAN M. LEVY

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COPANS PARK, INC.
Address: 4901 NW 17TH WAY, SUITE 103
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: KHAN, DAVID
Address: 1327 H 46TH STREET
City-St-Zip: BROOKLYN, NY 11219 US

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: DAVID KHAN

MGR

04/22/2009

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