

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110845

FILED
Apr 03, 2009
Secretary of State

Entity Name: OCOEE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

9324 TIBET POINTE CIRCLE
WINDERMERE, FL 34786

New Principal Place of Business:

320 ENTERPRISE STREET
OCOEE, FL 34761

Current Mailing Address:

9324 TIBET POINTE CIRCLE
WINDERMERE, FL 34786

New Mailing Address:

320 ENTERPRISE STREET
OCOEE, FL 34761

FEI Number: 26-3803977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, JAMES
9324 TIBET POINTE CIRCLE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

COOPER, JAMES
320 ENTERPRISE STREET
OCOEE, FL 34761 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: JAMES COOPER

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COOPER, JAMES
Address: 9324 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: COOPER, ANGELA
Address: 9324 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COOPER, JAMES
Address: 320 ENTERPRISE STREET
City-St-Zip: OCOEE, FL 34761

Title: MGR (X) Change () Addition
Name: COOPER, ANGELA
Address: 320 ENTERPRISE STREET
City-St-Zip: OCOEE, FL 34761

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: JAMES COOPER

MGR

04/03/2009

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