

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052883

Entity Name: COGPROP, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

390 NORTH ORANGE AVENUE, SUITE 1500  
C/O GARY D. LIPSON, ESQ  
ORLANDO, FL 32801

## **New Principal Place of Business:**

390 NORTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801

## **Current Mailing Address:**

390 NORTH ORANGE AVENUE, SUITE 1500  
C/O GARY D. LIPSON, ESQ  
ORLANDO, FL 32801

## **New Mailing Address:**

390 NORTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801

FEI Number: 27-2611287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPSON, GARY D ESQ  
390 NORTH ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801 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: MGR  
Name: LIPSON, GARY D  
Address: 390 N ORANGE AVE, SUITE 1500  
City-St-Zip: ORLANDO, FL 32801

I hereby 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: GARY D LIPSON

MGR

04/27/2011

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