

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90062 041 ****50.00

DOCUMENT # M00000002532

1. Entity Name
COPEM 73 LLC



Principal Place of Business
2790 N FEDERAL HWY
STE 400
BOCA RATON, FL 33431-7784

Mailing Address
2790 N FEDERAL HWY
STE 400
BOCA RATON, FL 33431-7784



04242004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-6544646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CUMPTON, JAMES W
2790 N FEDERAL HWY STE 400
BOCA RATON, FL 33431-7784

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMPTON, JAMES W 2790 N FEDERAL HWY STE 400 BOCA RATON, FL 334317784
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES W CUMPTON

MANAGER

4/24/04

(561)394-6191

Date

Daytime Phone #