

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90083 013 *****50.00

0030232

DOCUMENT # M00000002532

1. Entity Name

COPEM 73 LLC



Principal Place of Business

**7280 W. PALMETTO PK RD. STE 100
BOCA RATON FL 33433-3401**

Mailing Address

**7280 W. PALMETTO PK RD. STE 100
BOCA RATON FL 33433-3401**

2. Principal Place of Business

2790 N FEDERAL HIGHWAY

3. Mailing Address

"SAME"

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip
33431-7784

Country

Zip

Country

4. FEI Number **13-6544646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CUMPTON, JAMES W.

**7280 W. PALMETTO PK RD, STE 100
BOCA RATON FL 33433-3401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2790 N FEDERAL HIGHWAY SUITE 400

City

BOCA RATON

FL

Zip Code

33431-7784

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CUMPTON, JAMES W**
STREET ADDRESS **7280 W. PALMETTO PK RD, STE 100**
CITY-ST-ZIP **BOCA RATON FL 33433-3401**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2790 N. Federal Highway Suite 400**
CITY-ST-ZIP **BOCA RATON FL 33431-7784**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JAMES W CUMPTON**

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

X 4/24/03 (561) 394-6191

Date

Daytime Phone #

CR2E083 (10/02)