

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 031 \*\*\*\*50.00

DOCUMENT # M01000002717

1. Entity Name

COOPER CREEK-HONORE LLC

**DO NOT WRITE IN THIS SPACE**

958320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 South School Avenue

Suite, Apt. #, etc.

Suite 500

City & State  
Sarasota, FL

3. Mailing Address

1 South School Avenue

Suite, Apt. #, etc.

Suite 500

City & State  
Sarasota, FL

4. FEI Number

31-1813473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott P. Bradley

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

1 South School Avenue, Suite 500

City

Sarasota

FL

Zip Code

34237

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Larry P. Lieberman  
1 South School Avenue, Suite 500  
Sarasota, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Roger Holland  
731 Frederick Street  
Hanover, PA 17331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: By: [Signature] Treasurer

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

Date

Daytime Phone #

4/29/02

941-955-8000

CR2E083B (12/01)