

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M06000003593

1. Entity Name  
HHR OF COPPER OAKS LLC



Principal Place of Business  
10233 SOUTH GOLDEN ELM DRIVE  
ESTERO, FL 33928

Mailing Address  
10233 SOUTH GOLDEN ELM DRIVE  
ESTERO, FL 33928

**DO NOT WRITE IN THIS SPACE**

FILED  
08 SEP 19 PM 2:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



09172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5087748

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

*Handwritten signature*

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HECKER, DENNIS E
STREET ADDRESS	500 FORD ROAD
CITY-ST-ZIP	MINNEAPOLIS, MN 55426
TITLE	MGR
NAME	DOVE, ERIK P
STREET ADDRESS	500 FORD ROAD
CITY-ST-ZIP	MINNEAPOLIS, MN 55426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000136469220  
09/30/08--01008--015 \*\*538.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Erik P. Dove Manager*

Date

Daytime Phone #

952 512 8809  
9/17/08