

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90059 024 \*\*\*\*50.00

**DOCUMENT # L04000068627**

1. Entity Name  
**COCO BARBIZON, LLC**



Principal Place of Business  
**8455 N.W. 74TH STREET  
 MIAMI, FL 33166**

Mailing Address  
**8455 N.W. 74TH STREET  
 MIAMI, FL 33166**



04202006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0821027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**RODRIGUEZ, HAMLET  
 8455 N.W. 74TH STREET  
 MIAMI, FL 33166**

**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)

4/20/06  
 DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGRM  
 NAME: PALAZUELOS, GUSTAVO  
 STREET ADDRESS: 8455 N.W. 74TH STREET  
 CITY-ST-ZIP: MIAMI, FL 33166

TITLE: MGRM  
 NAME: RODRIGUEZ, HAMLET  
 STREET ADDRESS: 8455 N.W. 74TH STREET  
 CITY-ST-ZIP: MIAMI, FL 33166

TITLE: MGRM  
 NAME: CARTA, MABEL S  
 STREET ADDRESS: 8455 N.W. 74TH STREET  
 CITY-ST-ZIP: MIAMI, FL 33166

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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 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

*Hamlet Rodriguez*

4/20/06 - 305-6400336

Date

Daytime Phone #