

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
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5. Certificate of Status Desired **\$5.00 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	
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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 #