

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028432 1. Entity Name 140 COCO PLUM, LLC		
Principal Place of Business 3142 NORTHSIDE DRIVE STE. 201 KEY WEST, FL 33040	Mailing Address 3142 NORTHSIDE DRIVE STE. 201 KEY WEST, FL 33040	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HIGHSMITH, ROBERT E ESQ 3158 NORTHSIDE DRIVE KEY WEST, FL 33040		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 _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM H-TRY, LLC 3142 NORTHSIDE DRIVE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WARDLOW, KENNETH D 3142 NORTHSIDE DRIVE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, JEFFREY E 3142 NORTHSIDE DRIVE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 1-6-06 305-292-9322 Date Daytime Phone #		



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 68-0584596	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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01/25/06-80018-007 50.00