2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028432

Entity Name: 140 COCO PLUM, LLC

Address:

City-St-Zip:

819 PEACOCK PLAZA SUITE 809

KEY WEST, FL 33040

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3142 NORTHSIDE DRIVE 819 PEACOCK PLAZA STE. 809 STE. 201 KEY WEST, FL 33040 KEY WEST, FL 33040 **New Mailing Address: Current Mailing Address:** 3142 NORTHSIDE DRIVE 819 PEACOCK PLAZA STE. 201 STE. 809 KEY WEST, FL 33040 KEY WEST, FL 33040 FEI Number: 68-0584596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGHSMITH, ROBERT E ESQ. 3158 NORTHSIDE DRIVE KEY WEST, FL 33040 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition H-TRY, LLC, Name: Name: Address: 3142 NORTHSIDE DRIVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WARDLOW, KENNETH D Name: Address: 3142 NORTHSIDE DRIVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALLEN, JEFFREY E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: JEFFREY E. ALLEN MBR 01/17/2009