

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

DOCUMENT # A05000001022					
1. Entity Name COCOA LANDING, LLLP					
Principal Place of Business 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410			Mailing Address 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2890263	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANTON, ROGER C ESQ 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Donald M. Allison Street Address (P.O. Box Number is Not Acceptable) 1515 S. Federal Hwy, Suite 306 City Boca Raton FL Zip Code 33432		
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				DATE 2/12/08	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000045227 ALLIED GP, LLC 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410		STREET ADDRESS CITY-ST-ZIP	000120708680 03/19/08--01010--017 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:				DATE 2/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE