

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 SEP -6 AM 10:23

DOCUMENT # A05000001416

1. Entity Name
 ALV COCONUT POINT, LLLP



Principal Place of Business
 125 N. AIRPORT ROAD, SUITE 202
 NAPLES, FL 34104

Mailing Address
 125 N. AIRPORT ROAD, SUITE 202
 NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006

Chg-LP

CR2E003 (11/05)

4. FEI Number

303655608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TP&D DEVELOPMENT, LLC
 125 N. AIRPORT ROAD, SUITE 202
 NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.183(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT # L05000105433
 NAME TP&D DEVELOPMENT, LLC
 STREET ADDRESS 125 N. AIRPORT ROAD, SUITE 202
 CITY-ST-ZIP NAPLES, FL 34104

DOCUMENT #
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300079733132
 09/12/06--01066--007 **509.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

for 8/22/06
 #1062