

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**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



05062008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3655608

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

**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.

U000000950935  
06/04/08 00012 000 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:** *Thomas D Flood* **THOMAS D. FLOOD**

*5/6/08*  
Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER