

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000377

1. Entity Name
COCONUT PROPERTIES, LTD.



Principal Place of Business
28341 SOUTH TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

Mailing Address
28341 SOUTH TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0907786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
4427 SE 16TH PLACE #2
CAPE CORAL, FL 33904

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Christine F. Wright, Vice President, For: Coconut Properties, Ltd. **4/13/05**

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$1,780,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

\$526.25

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 # **P99000021895**
 NAME **DIAG MANAGEMENT, INC.**
 STREET ADDRESS **28341 SOUTH TAMiami TRAIL, SUITE 1**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Christine F. Wright, Vice Pres. For: DIAG Management Inc. **4/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CHRISTINE WRIGHT

DIAG Management Inc.

Inc.

STAPLE CHECK HERE