

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90100 043 ***138.75

DOCUMENT # L00000004593

1. Entity Name

COCONUT NORTHLAKE LLC



Principal Place of Business

Mailing Address

C/O BOOSE CASEY CIKLIN ETAL
515 NORTH FLAGLER DR 19TH FLOOR
WEST PALM BEACH FL 33401

C/O BOOSE CASEY CIKLIN ETAL
515 NORTH FLAGLER DR 19TH FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business - No P.O. Box #
2101 S. Congress Avenue

3. Mailing Address
2101 S. Congress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
65-1010039

Applied For
Not Applicable

Zip
33445

Country
USA

Zip
33445

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, GEORGE T
2101 S CONGRESS AVENUE
DELRAY BEACH FL 33445

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

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ELMORE, GEORGE T	2101 S CONGRESS AVENUE	DELRAY BEACH FL 33445							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-21-08

561-278-0456