

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000005852

1. Entity Name
CAFE COCONUT COVE, L.L.C.



Principal Place of Business
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951

Mailing Address
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3668482

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIMMEROEDER, ELLEN
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951

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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.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANZ-PETER HIMMEROEDER
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HIMMEROEDER, RENEE
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HIMMEROEDER, DENNIS
4210 S. A1A HWY.
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HIMMGROEDER, ELLEN
4210 S HWY A1A
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000568956
06/08/06-80004-004 55.00

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IN THIS SPACE**

11. 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 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, OR AUTHORIZED REPRESENTATIVE

MAY 31 06

Date

(321) 727-3133

Daytime Phone #