

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L00000005852

1. Entity Name
CAFE COCONUT COVE, LLC.



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

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



05022007 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

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

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

U00000762958
05/29/07-80033-025 \$5.00

**DO NOT WRITE
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

Dennis Himmeroeder 3MAY2007

Date

Daytime Phone #

(321) 727-3433