

2001 UNIFORM BUSINESS REPORT (UBR)

0000021 AF

DOCUMENT # L00000008528

1. Entity Name
COCONUT LODGE L.C.

Principal Place of Business Mailing Address
200 SOUTH BISCAYNE BOULEVARD, SUITE 4815 200 SOUTH BISCAYNE BOULEVARD, SUITE 4815
MIAMI FL 33131 MIAMI FL 33131

APPROVED
AND
FILED
MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1548 BRICKELL AVE. 1548 BRICKELL AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33129-1210 USA 33129-1210 USA

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BOULEVARD, SUITE 4815
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name SALUSSOLIA, PIERO
Street Address (P.O. Box Number is Not Acceptable)
1548 BRICKELL AVE.
City MIAMI FL Zip Code 33129-1210

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.

SIGNATURE PIERO SALUSSOLIA 04/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALUSSOLIA, PIERO 200 SOUTH BISCAYNE BOULEVARD, SUITE 4815 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARELLI, ALESSIA 200 SOUTH BISCAYNE BOULEVARD, SUITE 4815 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DACQUINO, BARBARA 200 SOUTH BISCAYNE BOULEVARD, SUITE 4815 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALUSSOLIA, PIERO 1548 BRICKELL AVE. MIAMI, FL 33129-1210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARELLI, ALESSIA 1548 BRICKELL AVE. MIAMI, FL 33129-1210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DACQUINO, BARBARA 1548 BRICKELL AVE. MIAMI, FL 33129-1210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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] 04/24/01 305-373-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)