2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# L01000001878

Entity Name: COCONUT PALM INVESTMENTS LLC

Current Principal Place of Business:

1200 S OCEAN BLVD 11H
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1200 S OCEAN BLVD 11H
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 36-4418773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMAS, GUILLERMO JR.
1200 S OCEAN BLVD 11H
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RAMAS, GUILLERMO JR	
Address:	1200 S. OCEAN BLVD. 11 H	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	MGRM	( ) Delete
Name:	RAMAS, GUILLERMO N SR	
Address:	4020 GALT OCEAN DRIVE UNIT 412	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	MGRM	( ) Delete
Name:	ALMA, RAMAS I	
Address:	4020 GALT OCEAN DRIVE UNIT 412	
City-St-Zip:	FORT LAUDERDALE, FL 33308	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUILLERMO RAMAS JR. MR. 03/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date