

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90083 011 ****50.00

DOCUMENT # L01000001878

1. Entity Name
COCONUT PALM INVESTMENTS LLC



Principal Place of Business
**6521 WOODBURY RD
BOCA RATON, FL 33433**

Mailing Address
**6521 WOODBURY RD
BOCA RATON, FL 33433**

2. Principal Place of Business

1200 S. OCEAN BLVD

Suite, Apt. #, etc.

11 H

3. Mailing Address

1200 S. OCEAN BLVD

Suite, Apt. #, etc.

11 H

City & State

BOCA RATON, FL

Zip

33432

Country

USA

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. FEI Number

38-4418773

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMAS, GUILLERMO JR.
6521 WOODBURY RD
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name **RAMAS GUILLERMO JR**

Street Address (P.O. Box Number is Not Acceptable)

1200 S. OCEAN BLVD 11 H

City

BOCA RATON

FL

Zip Code

33432

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]

GUILLERMO RAMAS JR (MGRM)

5/30/03

(NOTE: Registered Agent signature required when appointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RAMAS, GUILLERMO JR**
STREET ADDRESS **6521 WOODBURY RD.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **MGRM** ☐ Delete
NAME **RAMAS, GUILLERMO N SR**
STREET ADDRESS **4020 GALT OCEAN DRIVE UNIT 412**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **MGRM** ☐ Delete
NAME **ALMA, RAMAS**
STREET ADDRESS **4020 GALT OCEAN DRIVE UNIT 412**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

GUILLERMO RAMAS JR (MGRM)

561-361-7093

5/30/03

(NOTE: Registered Agent signature required when appointing)

Date

Daytime Phone #

CR2E083 (10/02)