2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017756

Entity Name
 COCOA PROPERTIES LLC



Principal Place of Business

861 W MORSE BLVD

STE 250 WINTER PARK, FL 32789 Mailing Address

861 W MORSE BLVD STE 250 WINTER PARK, FL 32789

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90049 007 ***150.00

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01042005No Chg-LLC

CR2E083 (10/03)

5 C-1/11-1-1-10-1-1-1	 	Additional
59-3750084		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status D

Fee Required

6. Name and Address of Current Registered Agent

BROWN, DON L ESQ 200 N THORNTON AVE ORLANDO, FL 32801

SIGNATURE:

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	named entity submits this statement for the purpose of chan ons of registered agent.	ging its registered office or registered agent, or bot	n, in the State of Florida. Tam familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ie by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALTY TRUST 4110 N HIGHWAY 1/861 W MONROE STE 250 WINTER PARK, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lis	certify that the information supplied with his filing does not of l on this report is true and accurate and total my signature shability company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of the comp	patity for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat the this report as required by Chapter 608, Florida	(i), Florida Statutes, I further certify that the information it that I am a managing member or manager of the Statutes.

MAX A. MOGUL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/2005

(407)647-5111

Daytime Phone #