


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000017756</b> 1. Entity Name COCOA PROPERTIES LLC	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3750084	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BROWN, DON L ESQ 200 N THORNTON AVE ORLANDO, FL 32801
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

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	D GREENE, SHELDON 861 W MORSE BLVD STE 250 WINTER PARK, FL 32789
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<p>UD00000636127 02/26/07-80004-006 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> <i>Sheldon Greene</i> <b>SHELDON GREENE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1/3/07</b> <small>Date</small>	<b>407 647 5111</b> <small>Daytime Phone #</small>
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