FILED LIMITED LIABILEY COMPANY May 07, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) L01000022454 DOCUMENT # 1. Entity Name 05-07-2002 90393 014 ****50.00 2002 COCONUT CREEK ASSOCIATES, LLC DO NOT WRITE IN THIS SPACE 956137 2. Principal Place of Business 3. Mailing Address C/O THE FERBEL COMPANY SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 151 SAWGRASS CORNERS DRIVE #2012 City & State City & State 4. FEI Number Applied For PONTE VEDRA OCH 80-0005602 Not Applicable Country Zip Country 32082 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE MR. PAUL S. FERBER Street Address (P.O. Box Number is Not Acceptable)
191-SAWGRASS—CORNERS—DRIVE—# 202 IN THIS SPACE City PONTE VEDRA BEACH Zip Code 32082 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 Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE MANAGING MEMBER MR. PAUL S. FERBER 151 SAWGRASS CORNERS DRIVE \$202 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE PONTE VEDRA BEACH, FL 32089 CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP 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.

MANAGING MEMBER SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904 285-7600