

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-19-2006 90169 008 ****50.00

DOCUMENT # L02000002249	
1. Entity Name COCONUT GROVE REALTY DEVELOPMENT, L.C.	

Principal Place of Business 2134 PALM HARBOR BOULEVARD STE B PALM HARBOR, FL 34683	Mailing Address PO BOX 612 PALM HARBOR, FL 34682
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DO NOT WRITE IN THIS SPACE



05092008 No Chg-LLC CR2E083 (11/08)

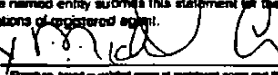
4. FEI Number 02-0570776	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAVALARIS, MICHAEL
PO BOX 612
PALM HARBOR, FL 34683
2134 PALM HARBOR BLVD STE B
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: _____

Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when withdrawing.

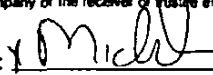
Filing Fee is \$50.00
Due by September 6, 2006

MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CAVALARIS, MICHAEL 2134 PALM HARBOR BOULEVARD STE. B PALM HARBOR, FL 34683
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19. 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 606, Florida Statutes.

SIGNATURE:  DATE: 6/15/06 DAYTIME PHONE: 727-789-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #