

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003289

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: COQUI HOMES LLC

**Current Principal Place of Business:**

1505 LAKE CLAY DR  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1505 LAKE CLAY DR  
LAKE PLACID, FL 33852

**New Mailing Address:**

PO BOX 757  
LAKE PLACID, FL 33862

FEI Number: 02-0539686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERIBERTO, DILAN  
1505 LAKE CLAY DR  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

HERIBERTO, DILAN PRES  
1505 LAKE CLAY DR  
LAKE PLACID, FL 33852 US

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: HERIBERTO DILAN

03/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DILAN, HERIBERTO  
Address: 1505 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM ( ) Delete  
Name: DILAN, ISABEL  
Address: 1505 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM ( ) Delete  
Name: DILAN, SANTIAGO H  
Address: 1505 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM ( ) Delete  
Name: DILAN, HECTOR  
Address: 1505 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HERIBERTO DILAN

PRES

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date