

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 007 ****50.00

DOCUMENT # L02000010170

1. Entity Name
COCO LUNETTE ORLANDO 101, L.L.C.



Principal Place of Business

4200 CONROY RD.
SUITE A-132
ORLANDO, FL 32389

Mailing Address

5825 SUNSET DRIVE, ~~SUITE 200~~
SUITE 309
SOUTH MIAMI, FL 33143

2. Principal Place of Business

5825 SUNSET DR

3. Mailing Address

5825 SUNSET DR

Suite, Apt. #, etc.

SUITE 309

Suite, Apt. #, etc.

SUITE 309

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

02262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

01-0714793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON, P.A.
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BEINER, EDWARD W
STREET ADDRESS 10020 SW 70 AVE.
CITY-ST-ZIP MIAMI, FL 33156

TITLE MGR ☐ Delete
NAME BALOCCO, GUIDO
STREET ADDRESS 3250 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #