

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90031 043 ****50.00

DOCUMENT # L02000010170

1. Entity Name

COCO LUNETTE ORLANDO 101, L.L.C.



Principal Place of Business

**5825 SUNSET DRIVE, SUITE 200
SOUTH MIAMI FL 33143**

Mailing Address

**5825 SUNSET DRIVE, SUITE 200
SOUTH MIAMI FL 33143**

2. Principal Place of Business

4200 CONROY RD

3. Mailing Address

**SUITE A-132
SUITE 309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32389

Country

USA

Zip

Country

4. FEI Number

01-0714793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **BEINER, EDWARD W**
STREET ADDRESS **5825 SUNSET DRIVE, SUITE 200**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **MGR** ☐ Delete
NAME **BALOCCO, GUIDO**
STREET ADDRESS **5825 SUNSET DRIVE, SUITE 200**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

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 **10020 SW 70 AVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3250 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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:

EDWARD BEINER
SIGNATURE REQUIRED

305-666-8731

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

Date

Daytime Phone #

CR2E083 (10/02)

0018046