

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023508

FILED  
Apr 02, 2004  
Secretary of State

Entity Name: DIGITAL COCONUT, LLC

## Current Principal Place of Business:

6406 67TH STREET EAST  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

6406 67TH STREET EAST  
PALMETTO, FL 34221

## New Mailing Address:

518 N. TAMPA STREET  
350  
TAMPA, FL 33602

FEI Number: 05-0555507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAVONE, DALLAS DOMINIZ  
6406 67TH STREET EAST  
PALMETTO, FL 34221 US

## Name and Address of New Registered Agent:

PAVONE, DALLAS DOMINIC  
6406 67TH STREET EAST  
PALMETTO, FL 34221 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: DALLAS D. PAVONE

04/02/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PAVONE, DALLAS D  
Address: 6406 67TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: PAVONE, ANTHONY J  
Address: 723 SAILFISH DRIVE  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES:

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 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 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: DALLAS D. PAVONE

MGRM

04/02/2004

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