2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# L02000025792

Entity Name: COCOANUT PROPERTIES, L.L.C.

Current Principal Place of Business:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 22-3875440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NILSEN, BARBARA I
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Delete
Name: CONNELL, JOANNE
Address: 4753 ALDAN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Delete
Name: JARRAY, DAVID A
Address: 4753 ALDAN CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: CONNELL, JOANNE
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGR (X) Change ( ) Addition
Name: JARRARD, DAVID A
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Change (X) Addition
Name: CONNELL, WILLIAM B
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: DAVID JARRARD MGR 01/15/2004

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