

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025792

FILED
Jan 18, 2006
Secretary of State

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

Current Principal Place of Business:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

861 FAULKWOOD CT
SARASOTA, FL 34232

Current Mailing Address:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Mailing Address:

4411 BEE RIDGE RD, #207
SARASOTA, FL 34233

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/MANAGERS:

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

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

Title: MGRM () Delete
Name: JARRARD, DAVID A
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CONNELL, JOANNE
Address: 861 FAULKWOOD CT
City-St-Zip: SARASOTA, FL 34232

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

Title: MGR (X) Change () Addition
Name: CONNELL, WILLIAM B
Address: 861 FAULKWOOD CT
City-St-Zip: SARASOTA, FL 34232

Title: MGR (X) Change () Addition
Name: CONNELL, CAYCE
Address: 861 FAULKWOOD CT
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID JARRARD

MGRM

01/18/2006

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