

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025792

FILED  
Apr 10, 2007  
Secretary of State

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

## Current Principal Place of Business:

861 FAULKWOOD CT  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

4411 BEE RIDGE RD, #207  
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/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: 861 FAULKWOOD CT  
City-St-Zip: SARASOTA, FL 34232

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: 861 FAULKWOOD CT  
City-St-Zip: SARASOTA, FL 34232

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NILSEN, BARBARA I  
Address: 2734 DICK WILSON DRIVE  
City-St-Zip: SARASOTA, FL 34240

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

Title: MGRM (X) Change ( ) Addition  
Name: JARRARD, DAVID A  
Address: 2734 DICK WILSON DRIVE  
City-St-Zip: SARASOTA, FL 34240

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

Title: MGRM (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

04/10/2007

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