


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 048 ****50.00

DOCUMENT # L02000033544	
1. Entity Name COCOA INVESTMENTS, LLC	

Principal Place of Business 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Mailing Address 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236
--	--

2. Principal Place of Business 8871 FISHERMENS BAY DR.	3. Mailing Address 8871 FISHERMENS BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34231	Country SARASOTA

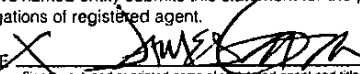
20022152



02142005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent RITCHEY, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Getzen, James W. Street Address (P.O. Box Number is Not Acceptable) 8871 Fishermens Bay Drive City Sarasota FL Zip Code 34231	
---	--	--	--

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.

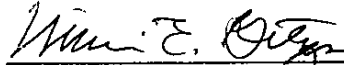
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to: Florida Department of State
---	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GETZEN PROPERTY ASSOCIATES, LTD. 8871 FISHERMENS BAY DRIVE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **WILLIAM E. GETZEN** **2-19-05 941-922-8581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #