2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003794

1. Entity Name
COCONUT SHORES LIMITED LIABILITY CO.

20001813

Principal Place of Business	Mailing Address
8001 VINTAGE PARKWAY	8001 VINTAGE PARKWAY
FORT MYERS, FL 33912	FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

01132006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
16-1651873		Not Applicable
5. Certificate of Status Desired		**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOLIHAN, THOMAS P
8001 VINTAGE PARKWAY
FORT MYERS, FL 33912

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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 _____

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

Filing Fee Is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	COCONUT SHORES DEVELOPMENT, INC.
STREET ADDRESS	8001 VINTAGE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1-16-06   239.267-3702

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

THOMAS P HOOLIHAN