2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000003794

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90146 018 ****50.00

1. Entity Name COCONUT SHORES LIMITED LIABILITY CO.										
Principal Place of Business 8001 VINTAGE PARKWAY FORT MYERS, FL 33912			Mailing Address 8001 VINTAGE PARKWAY FORT MYERS, FL 33912			6001	IATAA			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01122007	Chg-LLC	CR2E0	33 (12/06)		
City & State			ESTERO FI			4. FEI Numb				plied For Applicable
Zip	Country 6. Name and Address of Current Reg		Zip 33928 Country		}_		e of Status Desired		\$5.00 Addi	
	6. Name	and Address of Current H	Name			7. Name and	d Address of New	Kegisteled A	gent	
HOOLIHAN 8001 VINT FORT MYE		Street Address (P.O. Box Number is Not Acceptable)								
PORTIVITE	ENO, FL 3	3312								
				City	City			FL	Zip Code	3
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										
	Garatore, types	or printed trains or registered agost a	1							
Filing Fee is \$50.00 Due by May 1, 2007								ike check pa da Departma	-	· (
9. MANAGING MEMBER			NS/MANAGERS 10.				ADDITION:	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-21P	8001 VINT	T SHORES DEVELOPN TAGE PARKWAY TERS, FL 33912	☐ Delete MENT, INC.	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
	TOKT WIT	LNO, 1 L 33312		TOTLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	=	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change	Addition \
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
11. Lhereby o	certify that the	e information supplied with	this filing does not qualify for	the exemptions of	contained	in Chapter 119	, Florida Statutes, i	further certify	that the info	rmation

Ingredy certify that the information supplied with his litting does not qualify for the exemptions contained in chapter 1.5, Florida Statutes. 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:
SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE