


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021140</b>	
1. Entity Name <b>COCONUT GROVE CHARTER COMPANY, LLC</b>	

Principal Place of Business <b>1705-D2 COLONIAL BLVD. FORT MYERS FL 33907</b>	Mailing Address <b>1705-D2 COLONIAL BLVD. FORT MYERS FL 33907</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>BROUGHTON, TERRY V</b> <b>1705-D2 COLONIAL BLVD.</b> <b>FORT MYERS FL 33907</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLY, WILLIAM H 4000 PONCE DE LEON BLVD., STE. 450 CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000017168 01/28/04-80084-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROUGHTON, TERRY V 1705-D2 COLONIAL BLVD. FORT MYERS FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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:**  **AUTHORIZED MEMBER** 1/28/04 239-275-7798