## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM DOCUMENT # L03000021140 **Secretary of State** 1. Entity Name COCONUT GROVE CHARTER COMPANY, LLC Principal Place of Business Mailing Address 1705-D2 COLONIAL BLVD. FORT MYERS FL 33907 1705-D2 COLONIAL BLVD. FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROUGHTON, TERRY V 1705-D2 COLONIAL BLVD. Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33907 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change TITLE MGR Defete 7133 F Addition NAME HOLLY, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 4000 PONCE DE LEON BLVD., STE. 450 U00000017168 CITY-ST-ZIP CORAL GABLES FL 33146 COTY - ST - Z8P 01/28/04-80084-016 50.00 BILE Delete TITLE Change Addition NAME BROUGHTON, TERRY V MANA STREET ADDRESS STREET ADDRESS 1705-D2 COLONIAL BLVD. CETY-ST-ZIP FORT MYERS FL 33907 CITY-ST-7/P 7313.5 Change Addition SITEE Defete NAME. MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-SI-78P ☐ Delete RILE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change Addition MANAE MAANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AUTHORIZED MEMBER

**FILED**