2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000021140 1. Entity Name COCONUT GROVE CHARTER COMPANY, LLC Principal Place of Business 1575 ARGYLE DRIVE FORT MYERS, FL 33919 Mailing Address 1575 ARGYLE DRIVE FORT MYERS, FL 33919 DO NOT WRITE IN THIS SPACE

FILED Apr 24, 2008 08:00 AN Secretary of State



04212008 No Chg-LLC	CR2E083 (12/(07)	
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4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status

5. Certificate of Status Desired

Fee Required

BROUGHTON, TERRY V
1575 ARGYLE DRIVE
FORT MYERS, FL 33919

IN THIS SPACE

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 obliga	tions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signatura required when reinstating) DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000920765 05/14/08-80056-020 138.75		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR BROUGHTON, TERRY V 1575 ARGYLE DRIVE FORT MYERS, FL 33919			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPAC	=	
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this fliing 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: ______

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08

239275-7798

Daylime Phone #