

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024176 1. Entity Name COCONUT COVE, L.L.C.	
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Principal Place of Business 5801 CONGRESS AVENUE BOCA RATON, FL 33487	Mailing Address 5801 CONGRESS AVENUE BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



03152005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 48-1283420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ.
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE, FL 33394

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVEN 5801 CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEMENS, RICHARD 5801 CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/05-80040-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Steve Wolf** 3/16/05 561-498-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #