

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030614

Entity Name: 404 COCONUT ISLE LLC

FILED  
Mar 26, 2007  
Secretary of State

## Current Principal Place of Business:

2400 EAST LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

2400 EAST LAS OLAS BLVD.SUITE C  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

2400 EAST LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

2400 EAST LAS OLAS BLVD.SUITE C  
FORT LAUDERDALE, FL 33301

FEI Number: 20-0218516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENJAMIN E. OLIVE, P.A.  
1500 NORTH FEDERAL HIGHWAY, STE. 250  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

OLIVE&ASSOCIATES PA  
2400 EAST LAS OLAS BLVD.SUITE A  
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: BENJAMIN OLIVE

03/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SILVA, MARISA B  
Address: 2400 EAST LAS OLAS BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SILVA, MARISA B  
Address: 2400 EAST LAS OLAS BLVD.SUITE C.  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARISA BIASI SILVA

MGR

03/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date