

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90065 008 \*\*\*\*50.00

<b>DOCUMENT # L03000031857</b> 1. Entity Name FLYING COCONUTS TOO, LLC																																	
Principal Place of Business 45 COQUINA LANE ENGLEWOOD, FL 34223			Mailing Address 45 COQUINA LANE ENGLEWOOD, FL 34223																														
2. Principal Place of Business 3332 NE 33rd St Suite, Apt. #, etc.		3. Mailing Address 3332 NE 33rd St Suite, Apt. #, etc.																															
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL																															
Zip 33308	Country USA	Zip 33308	Country USA	4. FEI Number 54-2149688																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent  TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name: Michael A. Tomany Street Address (P.O. Box Number is Not Acceptable): 3332 NE 33rd St City: Ft. Lauderdale FL Zip Code: 33308																														
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: 			DATE: 3/28/06																														
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">           MGRM            TOMANY, MICHAEL A            45 COQUINA LANE            ENGLEWOOD, FL 34223           <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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11. I hereby certify that the information supplied with this filing 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: 			DATE: 3/28/06 954 5625 775																														