


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90098 033 ****50.00

DOCUMENT # L03000033309 1. Entity Name COCONUT ROW, LLC			
Principal Place of Business 9250 SOUTHWEST 104TH STREET MIAMI FL 33176		Mailing Address P.O. BOX 161469 MIAMI FL 33116	
2. Principal Place of Business 6831 SW 108 Ct Suite, Apt. #, etc.		3. Mailing Address 6831 SW 108 Ct Suite, Apt. #, etc.	
City & State Miami, FL Zip 33173		City & State Miami FL Zip 33173	
Country USA		Country USA	
4. FEI Number 20-0190227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Dolores D. Barreto Street Address (P.O. Box Number is Not Acceptable) 6831 SW 108 Ct Miami City FL Zip Code 33173	
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 Dolores D. Barreto (Dolores D. Barreto) 2-17-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, RODNEY	NAME	
STREET ADDRESS	9250 SOUTHWEST 104TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, RICHARD	NAME	6831 SW 108 Ct
STREET ADDRESS	9250 SOUTHWEST 104TH STREET	STREET ADDRESS	Miami, FL 33173
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, SHEILA	NAME	
STREET ADDRESS	9250 SOUTHWEST 104TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, DOLORES	NAME	6831 SW 108 Ct
STREET ADDRESS	9250 SOUTHWEST 104TH STREET	STREET ADDRESS	Miami FL 33173
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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.			
SIGNATURE: Dolores D. Barreto 305-274-5126 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			