2005 LIMITED LIABILITY COMPANY

FILED Apr 05, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L03000036571** COCONUT LANE, LLC Mailing Address Principal Place of Business _ 8360 WEST OAKLAND PARK BLVD., SUITE 112 8360 WEST OAKLAND PARK BLVD., SUITE 112 SUNRISE, FL 33351 SUNRISE, FL 33351 03292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0298439 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVINE, JEFFREY A P.A. DO NOT WRITE 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE Ü00000288334 04/05/05-80005-020 50.00 KADOCH, DAVID NAME 8360 WEST OAKLAND PARK BLVD., SUITE 112 STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #