

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90027 028 ****50.00

DOCUMENT # L03000055568

1. Entity Name
COQUINA KEY GENERAL PROPERTY, LLC



Principal Place of Business
731 JAMESTOWN DR
WINTER PARK, FL 32792

Mailing Address
731 JAMESTOWN DR
WINTER PARK, FL 32792



04072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0617634

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHAFFEY, JAMES W
731 JAMESTOWN DR
WINTER PARK, FL 32792

**DO NOT WRITE
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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAHAFFEY, JAMES W
STREET ADDRESS	731 JAMESTOWN DR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGRM
NAME	MAHAFFEY, MARK T
STREET ADDRESS	8700 POMPANO DR SE 100 - 2 nd Ave So #302N
CITY-ST-ZIP	ST PETERSBURG, FL 33705 St. Petersburg, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-10-06

Date

407-677-0650

Daytime Phone #

James W. Mahaffey