2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2005 8:00 am
Secretary of State

02-10-2005 90191 021 ***150.00

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1. Entity Name
COQUINA DAVIE, LLC

Principal Place of Business	Mailing Address
ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301	ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301

02022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11173 SW 37 Mnr	11173 SW 37 Mnr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. FEI Number: 20-1251366 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRUMER, KEITH T
ONE EAST BROWARD BLVD
SUITE 1501
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Beth Azor
Street Address (P.O. Box Number is Not Acceptable): 11173 SW 37 Mnr
City: Davie FL Zip Code: 33328

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] Beth Azor 2/3/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOR, BETH B ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11173 SW 37 Mnr Davie, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Beth Azor, Managing Mbr. 2/3/05 305-970-0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #