2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028432

1. Entity Name 140 COCO PLUM, LLC



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business

3142 NORTHSIDE DRIVE

STE. 201 KEY WEST, FL 33040 Mailing Address

3142 NORTHSIDE DRIVE

STE. 201

KEY WEST, FL 33040



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0584596

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E ESQ 3158 NORTHSIDE DRIVE KEY WEST, FL 33040

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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, 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	H-TRY, LLC
STREET ADDRESS	3142 NORTHSIDE DRIVE
CITY-ST ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	WARDLOW, KENNETH D
STREET ADDRESS	3142 NORTHSIDE DRIVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	ALLEN, JEFFREY E
STREET ADDRESS	3142 NORTHSIDE DRIVE
CITY - ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	•
City-St-ZiP	<i>\</i>
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11. I hereby certify that the information substited with this filling 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 of custest impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAI

<u>\$05-292-9322</u>

HIER, OR AUTHORIZED REPRESENTATIVE