

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028432**

1. Entity Name  
140 COCO PLUM, LLC



Principal Place of Business  
3142 NORTHSIDE DRIVE  
STE. 201  
KEY WEST, FL 33040

Mailing Address  
3142 NORTHSIDE DRIVE  
STE. 201  
KEY WEST, FL 33040



02182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000839131  
03/05/08-80053-009 138.75

**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	819 PEACOCK PLAZA SUITE 809
CITY-ST-ZIP	KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

2-18-08 305-296-6551

Date

Daytime Phone #

Jeffrey E. Allen