

# 2005 LIMITED LIABILITY COMPANY, ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90184 004 \*\*\*\*50.00

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03082005 Chg-LLC CR2E083 (10/03)

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L04000045644</b><br>1. Entity Name<br><b>COCONUTZ, LLC</b>  |   |  |   |   |  |
| Principal Place of Business<br>1200 MORSE BLVD<br>THE VILLAGES, FL 32159  |   |  | Mailing Address<br>1200 MORSE BLVD<br>THE VILLAGES, FL 32159  |   |  |
| 2. Principal Place of Business<br><b>3341 Wedgewood Lane</b>  |   | 3. Mailing Address<br><b>3341 Wedgewood Lane</b> |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                              |   |   |  |
| City & State<br><b>The Villages, FL</b>   |   | City & State<br><b>The Villages, FL</b>          |   | 4. FEI Number<br><b>20-1252345</b>  |  |
| Zip<br><b>32162</b>   |   | Country<br>-                                     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CREELY, KEN L</b><br><b>3341 WEDGEWOOD LANE</b><br><b>THE VILLAGES, FL 32162</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 <span style="float: right;">DATE</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |   |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS / MANAGERS  |   |  | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br><b>CREELY, KEN L JR</b><br>1200 MORSE BLVD<br>THE VILLAGES, FL 32159 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3341 Wedgewood Lane</b><br><b>The Villages, FL 32162</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  | Date <b>3/14/05</b> Daytime Phone # <b>352-753-3796</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |   |   |  |