2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90024 037 ****50.00

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1. Entity Name
COCOANUT INVESTMENT GROUP, LLC

20038064

Principal Place of Business	Mailing Address
C/O GARY KAUFFMAN, ESQ. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	C/O GARY KAUFFMAN, ESQ. P.O. BOX 3948 SARASOTA, FL 34230-3948

03312005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Dunlap & Moran, P.A.		Dunlap & Moran, P.A.	
Suite, Apt. #, etc.: 1990 Main Street, Ste. 700		Suite, Apt. #, etc.: PO Box 3948	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34236	Country: Sarasota	Zip: 34230	Country: Sarasota

4. FEI Number: 77-0646190 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFFMAN, GARY ESQ
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: Kauffman, Gary, Esq.
Street Address (P.O. Box Number is Not Acceptable): Dunlap & Moran, P.A.
1990 Main Street, Suite 700
City: Sarasota FL Zip Code 34236

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] Gary Kauffman 3-30-05
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager William B. Austin 11 Via Verona Palm Coast, FL 32137	☐ Change ☑ Addition
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
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] 4/6/05 386446-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #