

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 030 ****50.00

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DOCUMENT # L04000055656					
1. Entity Name COCO PLUM PLAZA, LLC					
Principal Place of Business 1975 SANSBURY'S WAY, SUITE 109 WEST PALM BEACH, FL 33411			Mailing Address 1975 SANSBURY'S WAY, SUITE 109 WEST PALM BEACH, FL 33411		
2. Principal Place of Business 2845 N. MILITARY TR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01102006 Chg-LLC CR2E083 (11/05)	
City & State WEST PALM BCH, FL		City & State		4. FEI Number 35-2234053	
Zip 33409		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STAMBAUGH, REGINALD G P.A. STAMBAUGH & TARONE, P.A. 180 ROYAL PALM WAY, SUITE 201 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name: <u>DAVID KENDALL</u> Street Address (P.O. Box Number is Not Acceptable): <u>1975 SANSBURY'S WAY, SUITE 109</u> City: <u>WEST PALM BCH</u> FL Zip Code: <u>33411</u>		
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: <u>David Kendall</u> DATE: <u>11/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	KENDALL, DAVID				
STREET ADDRESS	1975 SANSBURY'S WAY SUITE 109				
CITY - ST - ZIP	WEST PALM BEACH, FL 33411				
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>David Kendall</u>				Date: <u>1/24/06</u> Daytime Phone #: <u>561-656-1406</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					