


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90032 035 \*\*\*\*55.00

<b>DOCUMENT # L04000062647</b>	
1. Entity Name COCONUT PALMS, LLC	

Principal Place of Business 602 CENTER ROAD FT MYERS, FL 33907 US	Mailing Address 602 CENTER RD FT MYERS, FL 33907 US
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20033540



2. Principal Place of Business 1259 N. Tamiami Trail Suite, Apt. #, etc.	3. Mailing Address 602-B CENTER ROAD Suite, Apt. #, etc.
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01122006 Chg-LLC CR2E083 (11/05)

City & State N. Ft. MYERS FL	City & State FT. MYERS FL
Zip 33903	Zip 33907
Country USA	Country USA

4. FEI Number APPLIED FOR 61-6308504	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SILVER, STUART 602 CENTER RD FT MYERS, FL 33907	
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7. Name and Address of New Registered Agent Name Stuart Silver Street Address (P.O. Box Number is Not Acceptable) 602-B Center Road City FT. MYERS FL Zip Code 33907	
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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 <u>SL</u> <u>Stuart Silver</u> DATE <u>4-10-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER, STUART 602 CENTER RD FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stuart Silver 602-B Center Road FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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>SL</u> <u>Stuart Silver</u> DATE <u>4-10-2006</u> <u>239-768-1234</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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