2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000062647

1. Entity Name
COCONUT PALMS, LLC

Principal Place of Business	Mailing Address
1259 N TAMIAMI TR.	602-B CENTER RD
NORTH FORT MYERS, FL 33903 US	FT MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
61-6309504	Not Applicable

5. Certificate of Status Desired   ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
SILVER, STUART 602-B CENTER RD FT MYERS, FL 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 _____
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

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	SILVER, STUART	
STREET ADDRESS	602-B CENTER RD	
CITY-ST-ZIP	FT MYERS, FL 33907	
TITLE		
NAME		
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CITY-ST-ZIP		
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04/25/08-80041-024 143.75

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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: _____   4/10/08   (239) 768-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #