2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S7-ZIP

Feb 27, 2006 08:00 AM **Secretary of State** DOCUMENT # L04000080504 1. Entity Name COCO VISTA, L.L.C. Principal Place of Business Mailing Address 1934 COMMERCE LANE 1934 COMMERCE LANE SUITE 1 SUITE 1 JUPITER FL 33458 US JUPITER, FL 33458 US 02102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3178321 Not Applicable \$5.00 Additional b 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GORE, H. G DO NOT WRITE 501 MAPLEWOOD DRIVE JUPITER, FL 33458 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE GORE, H. GERAL NAME 501 MAPLEWOOD DRIVE STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP TITLE 00000044865**3** 6370a706-80031-01**6** 55**.00** STREET ACCRESS City-S1-27 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or typical empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGIN WEMBER, OR AUTHORIZED REPRESENTATIVE