## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## **FILED** Apr 30, 2007 08:00 AN Secretary of State **DOCUMENT # L05000011016** 1. Entity Name R. CÓCO, LLC Mailing Address Principal Place of Business 1845 NEW HAMPSHIRE AVE. N.E. 1845 NEW HAMPSHIRE AVE. N.E. ST. PETERSBURG, FL 33703 US ST. PETERSBURG, FL. 33703 US 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0890911 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WEBBER, CAROLE 1845 NÈW HAMPSHIRE AVE. N.E. ST. PETERSBURG, FL 33703 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signisture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9, TITLE MGR WEBBER, CAROLE NAME 1845 NEW HAMPSHIRE AVENUE N.E. STREET ADDRESS U00000745679 05/16/07-80038-017 50.00 ST. PETERSBURG, FL 33703 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 fine and accurate and that my signature shall have the same legal effect as if made under ceth; 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.

Daytime Phone 4