

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012432					
1. Entity Name COCONUT CREEK VENTURES, LLC					
Principal Place of Business 171 CIRCLE DRIVE MAITLAND, FL 32751			Mailing Address 171 CIRCLE DRIVE MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
04262006		Chg-LLC		CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Jonathan W Shirley</i>		Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 4/26/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, EARL 651 NW 45TH AVENUE COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNIE, NEIL 1700 SW 12TH AVENUE BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, MARILYN G 404 IRIS STREET CELEBRATION, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AULD, DAVID 2609 NE 27TH AVE. FT. LAUDERDALE, FL 32306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Maureen H. Mahoney</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/26/06 407-301-4539		

FILED
06 MAY 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

