

05-03-2006 90029 048 *****50.00
L05000062055

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062055

1. Entity Name
COCONUT 41, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 25 PM 1:00

Principal Place of Business
9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109

Mailing Address
9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3296470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'JAMOOS, JENNIFER
9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 Elizabeth D'Jamoo
STREET ADDRESS 9130 Corsea del Fontana Way
CITY-STATE-ZIP Naples FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME Andrew D'Jamoo
STREET ADDRESS 9130 Corsea del Fontana Way
CITY-STATE-ZIP Naples FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME Jennifer D'Jamoo
STREET ADDRESS 9130 Corsea del Fontana Way
CITY-STATE-ZIP Naples FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #