

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000093254

1. Entity Name
COSCAN PALM SPRINGS, LLC



Principal Place of Business
**5555 ANGLERS AVE. SUITE 1A
FT. LAUDERDALE, FL 33312**

Mailing Address
**5555 ANGLERS AVE. SUITE 1A
FT. LAUDERDALE, FL 33312**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4076204

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET SUITE 2900
MIAMI, FL 33131**

**DO NOT WRITE
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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PIAZZA, ALBERT C
5555 ANGLERS AVE. SUITE A
FT. LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEAL, MICHAEL
5555 ANGLERS AVE. SUITE 1A
FT. LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000712042
04/26/07-80032-002 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Albert C. Piazza

3/13/07

Date

(954) 620-1000

Daytime Phone #