

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90121 044 ****50.00

DOCUMENT # L05000096325

1. Entity Name
COQUINA COVE INVESTMENTS, LLC



Principal Place of Business
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

Mailing Address
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US



01222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3588068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

**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	MGR
NAME	CENTERLINE HOMES, INC.
STREET ADDRESS	825 CORAL RIDGE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	OLSON & ASSOCIATES OF NW FLORIDA, INC.
STREET ADDRESS	4300 LEGENDARY DRIVE, SUITE C-204
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

3/19/07 954-344-8000