2008 LIMITED LIABILITY COMPANY

Mar 03, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000096325** 03-03-2008 90402 046 ***138.75 COQUINA COVE INVESTMENTS, LLC Principal Place of Business Mailing Address 825 CORAL RIDGE DRIVE 825 CORAL RIDGE DRIVE 60011955 CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3588068 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. **SUITE 501** AVENTURA, FL 33180 City 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 reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Delete TITLE TETL F ☐ Change ☐ Addition CENTERLINE HOMES, INC. NAME NAME 825 CORAL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME OLSON & ASSOCIATES OF NW FLORIDA, INC. NAME STREET ADDRESS 4300 LEGENDARY DRIVE, SUITE C-204 STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MGRM Addition TITLE ☐ Change PERRY CRAIG S. TRUSTEE 825 CORAL RIDGE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CORAL SPLINGS, FL 33071 CITY-ST-ZIP ☐ Delete TITLE MGRM TITLE ☐ Change Addition MARGOUS STEPHEN NAME 825 CORAL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORALSPRINGS FL 33071 ☐ Delete MGRM ☐ Change Addition STIEGELE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 825 CORAL RIDGE DRIVE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

CRAIG PERRY

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED