

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


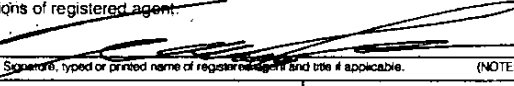

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90031 019 \*\*\*\*50.00

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04232007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000115101</b>			
1. Entity Name <b>COCONUT AVE LLC</b>			
Principal Place of Business <b>9730 E HIBISCUS STREET C MIAMI, FL 33157</b>		Mailing Address <b>10250 SW 110 STREET MIAMI, FL 33176</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9730 E Hibiscus St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Miami FL</b>	
Zip	Country	Zip	Country
<b>33157</b>		<b>33157</b>	<b>FL</b>
4. FEI Number <b>43-2092430</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BAUER, CHARLES 9730 E HIBISCUS STREET C MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name <b>Rapagos Development Group LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>9730 E Hibiscus St</b> City <b>Miami</b> FL Zip Code <b>33157</b>	
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 		DATE <b>4/10/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RAPANOS DEVELOPMENT GROUP LLC 10250 SW 110 STREET MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Rapagos Development Group LLC 9730 E Hibiscus St Miami, FL 33157</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		DATE <b>4/10/07</b> 786-271-5125	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	