

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90075 011 ***150.00

DOCUMENT # L05000117229 1. Entity Name COCOA VILLAGE REALTY, LLC					
Principal Place of Business 16510 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618			Mailing Address 16510 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business 16510 N Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa FL Zip 33618		City & State FL Zip Country USA		4. FEI Number 20-3920222	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. C/O HUNTER J. BROWNLEE 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent 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 <u><i>Leon J. Davis</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>6/5/06</u>					
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 STREET ADDRESS CITY - ST - ZIP	MGRN Craig CW 4313 Harbour Watch Ln Lutz FL 33558 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRN Keen Davies 4313 Harbour Watch Ln Lutz FL 33558 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - 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: <u><i>Leon J. Davis</i></u> DATE <u>6/5/06</u> 813 963 1300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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