2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000021786

1. Entity Name
COCOA LENDERS LLC

Principal Place of Business	Mailing Address
75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483	75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-4400420		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S
75 NE 6TH AVENUE
SUITE 103
DELRAY BEACH, FL 33483

**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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STATESIDE CAPITAL CORP.
STREET ADDRESS	75 NE 6TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000815450
02/14/08-80009-022 138.75

**DO NOT WRITE
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: _____ Norman S. Weinstein   1/31/0r   561-278-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #