

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046477

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Entity Name:** SIX COCONUTS, LLC

**Current Principal Place of Business:**

248 WASHINGTON STREET  
TOMS RIVER, NJ 08753 US

**New Principal Place of Business:**

**Current Mailing Address:**

248 WASHINGTON STREET  
POST OFFICE BOX 4  
TOMS RIVER, NJ 08754 US

**New Mailing Address:**

**FEI Number:** 20-4822032      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPRON, KENNETH  
240 HIBISCUS ROAD  
APARTMENT 113  
LAUDERDALE BY THE SEA, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CITTA, ROSANNE L  
Address: 21 PINE STREET  
City-St-Zip: TOMS RIVER, NJ 08753 US

Title: MGRM ( ) Delete  
Name: CITTA, JOSEPH A JR.  
Address: 203 WEST 90TH ST., APT 7A  
City-St-Zip: NEW YORK, NY 10024 US

Title: MGR ( ) Delete  
Name: FARFALLA, KRISTIN  
Address: 67 CRANMOOR DRIVE  
City-St-Zip: TOMS RIVER, NJ 08753 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: FARFALLA, KRISTIN  
Address: 63 CRANMOOR DRIVE  
City-St-Zip: TOMS RIVER, NJ 08753 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSANNE L CITTA

MGRM

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date