


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000108418</b> 1. Entity Name TF COCONUT GROVE, L.L.C.	
--	---

Principal Place of Business 15433 N.E. 21 AVE. NORTH MIAMI BEACH, FL 33162	Mailing Address 15433 N.E. 21 AVE. NORTH MIAMI BEACH, FL 33162
--	--

**DO NOT WRITE IN THIS SPACE**

04172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5851872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTONI, JULIO  
15433 N.E. 21 AVE.  
NORTH MIAMI BEACH, FL 33162

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_


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

U000000929942  
05/21/08-80088-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERTONI, JULIO 15433 N.E. 21 AVE. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMEDE, HECTOR 15433 N.E. 21 AVE. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 604, Florida Statutes.

SIGNATURE:  04-07-08

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