2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L07000015921

Entity Name: COQUINA KIRA, LLC

Current Principal Place of Business:

2935 1ST AVENUE NORTH
SUITE 1
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA, P.A.
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

FEI Number: 20-8475210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
475 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA 03/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CODDINGTON, KYLE
Address: 144 97TH AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: MGR ( ) Delete
Name: BRUTY, JAMES
Address: 4211 WEST SANTIAGO STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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

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

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: KYLE CODDINGTON MGR 03/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date