

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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1997 APR -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000218
COCOANUT ROW MANAGEMENT, L.C. 6550 N. FEDERAL HIGHWAY SUITE 340 FORT LAUDERDALE FL 33308	

1a. Principal Place of Business Address
6550 N. FEDERAL HIGHWAY SUITE 340 FORT LAUDERDALE FL 33308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/15/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0427226	
5. Date of Last Report	6. Certificate of Status Desired
05/01/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
HARRIS, LYNDIA J % CARLTON FEILDS, ESPERANTE 222 LAKEVIEW AVENUE, SUITE 1400 WEST PALM BEACH FL 33401

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	GOTFRIT, GERRY	11 CAMPBELL AVENUE, THORN HILL, ONTARIO CANADA	
MEM	GOTFRIT, ESTELLE	11 CAMPBELL AVENUE, THORN HILL, ONTARIO CANADA	L4J 2J3
			7000002131477-1 -04/02/97--01080--016 ****203.75 ****203.75
			416-487-3737

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		