


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90283 001 ***100.00

DOCUMENT # L97000000737 1. Entity Name COCOA BEACH-NEW ORLEANS, L.L.C.			
Principal Place of Business 506 45TH STREET SUITE B-5 COLUMBUS, GA 31904		Mailing Address 506 45TH STREET SUITE B-5 COLUMBUS, GA 31904	
2. Principal Place of Business 506 Manchester Exway Suite, Apt. #, etc. B-5 City & State Columbus, GA Zip 31904		3. Mailing Address 506 Manchester Exway Suite, Apt. #, etc. B-5 City & State Columbus GA Zip 31904	
4. FEI Number 72-1396471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM BRADISH JOHNSON CO., LTD. 826 UNION ST., SUITE 200 NEW ORLEANS, LA 701121402	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM PHILLIPS, NATHANIEL P JR. 826 UNION ST., SUITE 200 NEW ORLEANS, LA 701121402	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM LAKE CHARLES NAVAL STORES CO., INC. 830 UNION ST., STE 200 NEW ORLEANS, LA 70130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM LACROIX CELLULAR PARTNERSHIP 826 UNION ST., SUITE 100 NEW ORLEANS, LA 70112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM MISSISSIPPI INVESTMENTS, INCORPORATED P.O. BOX 2067 LAUREL, MS 39442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WHITE, JOHN F JR 830 UNION ST., STE 200 NEW ORLEANS, LA 70112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	