2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003432

Entity Name: COCONUT NORTH MANAGEMENT, L.L.C.

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4901 TAMIAMI TRAIL NORTH 28341 S. TAMIAMI TRAIL, SUITE 1 NAPLES, FL 34103 BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

4901 TAMIAMI TRAIL NORTH 28341 S. TAMIAMI TRAIL, SUITE 1 NAPLES, FL 34103 BONITA SPRINGS, FL 34134

FEI Number: 59-3587382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

U.S. INVESTOR SERVICES, INC. WRIGHT, CHRISTINE F 4427 S.E. 16TH PLACE, #2 4901 TAMIAMI TRAIL NORTH NAPLES, FL 341033010 US CAPE CORAL, FL 33904 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: CHRISTINE F. WRIGHT 03/05/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR () Delete (X) Change () Addition

HANSEN, GERD HANSEN, GERD Name: Name: 4901 TAMIAMI TRAIL NORTH Address: 28341 S. TAMIAMI TRAIL, SUITE1 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: BONITA SPRINGS, FL 34134

Title: Title: MGR () Change (X) Addition () Delete

Name: Name: HENSON, CHRISTINE Address:

Address: 28341 S. TAMAIMI TRAIL, SUITE 1 City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: MGR () Change (X) Addition

Name: LUKE, TOM Name:

28341 S. TAMIAMI TRAIL, SUITE 1 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE HENSON 03/05/2004