

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90106 050 \*\*\*\*50.00

**DOCUMENT # L99000003432**

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



Principal Place of Business

28341 S. TAMiami TRAIL, SUITE 1  
BONITA SPRINGS, FL 34134

Mailing Address

28341 S. TAMiami TRAIL, SUITE 1  
BONITA SPRINGS, FL 34134

20045651



04152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3587382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F  
4427 S.E. 16TH PLACE, #2  
CAPE CORAL, FL 33904

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HANSEN, GERD  
28341 S. TAMiami TRAIL, SUITE1  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HENSON, CHRISTINE  
28341 S. TAMiami TRAIL, SUITE 1  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LUKE, TOM  
28341 S. TAMiami TRAIL, SUITE 1  
BONITA SPRINGS, FL 34134

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 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:** *Christine Hansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*CHRISTINE HANSEN*

*IRS: VP For. Gen. Partner 4/19/05 239-390-0991*