


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 10:57

LR 12/01

AMENDED

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000003432			
1. Entity Name COCONUT NORTH MANAGEMENT, L.L.C.			
Principal Place of Business 4901 TAMiami TRAIL NORTH NAPLES, FL 34103		Mailing Address 4901 TAMiami TRAIL NORTH NAPLES, FL 34103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3587382		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 U.S. INVESTOR SERVICES, INC. 4901 TAMiami TRAIL NORTH NAPLES, FL 34103-3010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning)			
<div style="border: 1px solid black; padding: 5px; text-align: center;">FILE NOV 14 PM 10:57 Make Check Payable to Florida Department of State Due By MAY 1, 2008</div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FILTHAUT, RAINER N 4901 TAMiami TRAIL NORTH NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSEN, GERD 4901 TAMiami TRAIL NORTH NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____		Date: _____	
Signature, typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #	

CR2E083 (10/02)

REVISED

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000030191

FILED
Apr 30, 2003
Secretary of State

Entity Name: DEARDAC GROUP AND ASSOCIATES LLC

Current Principal Place of Business:

1001 BRICKELL BAY DR., STE. 2104
MIAMI, FL 33131

New Principal Place of Business:

915 Middle River Drive Suite 506
Fort Lauderdale, FL 33304

Current Mailing Address:

1001 BRICKELL BAY DR., STE. 2104
MIAMI, FL 33131

New Mailing Address:

915 Middle River Drive Suite 506
Fort Lauderdale, FL 33304

FEI Number: 01-0751758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R JR, ESQ
915 MIDDLE RIVER DR., STE. 506
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

200025068012
11/26/03--01024--008 **50.00

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (x) Addition (x) Delete
Name: MONDOLFI, UBERTO L
Address: 1001 BRICKELL BAY DRIVE, SUITE 2104
City-St-Zip: MIAMI, FL 33131

Title: MGRM (Add (x))
Name: DE ARMAS, ARMANDO RAFAEL
Address: 765 CRANDON BLVD. # 606
Key Biscayne, FL 33149

11/25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 PM 3:52

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: UBERTO L. MONDOLFI

MGRM

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

ARMANDO RAFAEL DE ARMAS

11/10/2003