

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002779 AF

DOCUMENT # L99000006880

1. Entity Name  
COCONUT EXPRESS, LC

Principal Place of Business 200 SOUTH BISCAYNE BLVD., SUITE 1050 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2394	Mailing Address 200 SOUTH BISCAYNE BLVD., SUITE 1050 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2329
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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 **65-0955880** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JOSH N  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM CALM WAVES TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1050  
CITY- ST- ZIP MIAMI FL 33131-2394

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
MGRM BLUE KEY TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1050  
CITY- ST- ZIP MIAMI FL 33131-2394

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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: *Virginia Dominguez, Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*4-05-00* *(305) 534-9090*  
Date Daytime Phone #

CR2E083 (9/99)