

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90008 040 ****50.00

DOCUMENT # L99000008612



1. Entity Name
 COIN ACQUISITION, L.L.C.

Principal Place of Business
 6300 N.E. 1ST AVENUE
 3RD FLOOR
 FORT LAUDERDALE, FL 33334

Mailing Address
 6300 N.E. 1ST AVENUE
 3RD FLOOR
 FORT LAUDERDALE, FL 33334

20045211



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
 65-1005584

Applied For
 Not Applicable

Zip Country

Zip Country

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

SADER, ROBERT L ESQ
 1901 W. CYPRESS CREEK ROAD, SUITE 4
 FORT LAUDERDALE, FL 33309

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

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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME ROSCHMAN, ROBERT
 STREET ADDRESS 6200 NE 1ST AVENUE, 3RD FLOOR
 CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE Change Addition
 NAME
 STREET ADDRESS 6300 NE 1ST AVENUE 3RD FLOOR
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME ROSCHMAN, JEFFREY
 STREET ADDRESS 6200 NE 1ST AVENUE, 3RD FLOOR
 CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE Change Addition
 NAME
 STREET ADDRESS 6300 NE 1ST AVENUE 3RD FLOOR
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME AGUERO, MANUEL
 STREET ADDRESS 6200 NE 1ST AVENUE, 3RD FLOOR
 CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE Change Addition
 NAME
 STREET ADDRESS 6300 NE 1ST AVENUE 3RD FLOOR
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Robert J Roschman 4/24/06

Date

Daytime Phone #