


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-20-2006 90138 036 ***150.00

DOCUMENT # L01000004772

1. Entity Name
CORAL GABLES INDUSTRIAL RENTALS, LLC



Principal Place of Business Mailing Address
4811 NW 79 AVE **4811 NW 79 AVE**
SUITE #5 **SUITE #5**
MIAMI, FL 33166 **MIAMI, FL 33166**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

30002-1-



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
65-1086379 Not Applicable

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

6. Name and Address of Current Registered Agent

SERRANO, CESAR E
4811 NW 79 AVE #5
MIAMI, FL 33166

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 _____ (NOTE: Registered Agent signature required when relinquishing) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOOVER, JOHN W JR.	
STREET ADDRESS	2423 ALHAMBRA CIR.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SERRANO, CESAR E	
STREET ADDRESS	4811 NW 79 AVE SUITE #5	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOOVER, ELIZABETH J	
STREET ADDRESS	2700 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cesar E Serrano 3/6/06 305 592 6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Orytha Phone #



ATTACHMENT

36602342

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

CORAL GABLES INDUSTRIAL RENTALS, LLC
4811 NW 79 AVE
SUITE #5
MIAMI, FL 33166

Subject: CORAL GABLES INDUSTRIAL RENTALS, LLC

Reference Number: L01000004772

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION