2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022213

1. Entity Name 2250 CORAL WAY, LLC

Principal Place of Business

Mailing Address

2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133 2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133

FILED Mar 24, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1160030 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

CORALG	ABLES, FL 33134	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. ! 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 reinstaling) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBASSI, RAY 2000 S. DIXIE HIGHWAY, STE 100 MIAMI, FL 33133	-	3 3 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGHA, ABDUL DR 5521 SW 81 STREET CORAL GABLES, FL 33143		U000000275349 03/24/05-80050-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLKAR, REZA DR 7010 MIRA FLORES AVE CORAL GABLES, FL 33143	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

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

3/18/05

305-856-5858

Daylime Phone ⊭