


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000022213	
1. Entity Name 2250 CORAL WAY, LLC	

Principal Place of Business 2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133	Mailing Address 2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1160030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000839141
 03/05/08-80053-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABBASSI, KATAYOUN 2000 S. DIXIE HIGHWAY, STE 100 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AGHA, ABDUL DR 6701 SUNSET DR, STE 203 B MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLKAR, REZA DR 1643 BRICKELL AVE, # 705 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABBASSI, MICHAEL 2000 SOUTH DIXIE HWY SUITE 100 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *R. Golkar* **R. GOLKAR** 2-21-08 305-856 5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #