

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90210 007 ****50.00

DOCUMENT # L01000022733
1. Entity Name
CORAL GARDENS COVE, L.L.C.

000001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12830 SW 58 Lane
Suite, Apt. #, etc.

3. Mailing Address
12830 SW 58 Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33183 USA

Zip Country
33183 USA

4. FEI Number
Applied For

Applied For

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Juan Carlos Chediak

Street Address (P.O. Box Number is Not Acceptable)

12830 SW 58 Lane

City Miami FL Zip Code 33183

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 X *Juan C. Chediak* DATE X 4/30/02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	Manager	TITLE	
NAME	Juan C. Chediak for JC Land & Inv., Inc.	NAME	
STREET ADDRESS	12830 SW 58 Lane	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33183	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Nilo A. Hernandez for Nimar Group Co.	NAME	
STREET ADDRESS	10833 SW 142 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X *Juan C. Chediak* DATE X 4/30/02 DAYTIME PHONE # X (305) 3868612

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

CR2E083B (12/01)