
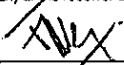


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028013 1. Entity Name CORAL GROUP, LLC			
Principal Place of Business 7911 N.W. 72ND AVENUE, STE. 105B MEDLEY, FL 33166		Mailing Address 7911 N.W. 72ND AVENUE, STE. 105B MEDLEY, FL 33166	
2. Principal Place of Business 2698 B NW 38 St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7911 N.W. 72nd Ave. 105-B <small>Suite, Apt. #, etc.</small>	
City & State Miami, FL		City & State Medley, FL	
Zip 33142		Zip 33166	
Country USA		Country USA	
4. FEI Number 16-1634887		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERKIN, STEWART A 444 BRICKELL AVE., STE. 300 MIAMI, FL 33131		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW!!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTOR, FABIANA 7000 Island Blvd. #2101 Aventura, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		FABIANA CANTOR, MGRM 4/21/03 (786)285-4070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

44001828



CHECK HERE IF MAKING CHANGES

CR2E088 (1/0/02)

Attachment

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/25/2003-90749-019-\$50.00-\$50.00

0020457

DOCUMENT # L02000028013
1. Entity Name
CORAL GROUP, LLC



44001828

Principal Place of Business
7911 N.W. 72ND AVENUE, STE. 105B
MEDLEY FL 33168

Mailing Address
7911 N.W. 72ND AVENUE, STE. 105B
MEDLEY FL 33168



2. Principal Place of Business
2698 B NW 38 St.
Suite, Apt. #, etc.

3. Mailing Address
7911 N.W. 72nd Ave.
Suite, Apt. #, etc.
105-B

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MERKIN, STEWART A
444 BRICKELL AVE., STE. 300
MIAMI FL 33131

4. FEI Number
16-1634887
Applied For
Not Applicable

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 _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

Table with 2 columns: MANAGING MEMBERS/MANAGERS. Rows include Cantor Fabiana, Arnelio Jorge Furmanski, and Ariel Furmanski, all with address 7000 Island Boulevard #201, Aventura, Florida 33160.

Table with 2 columns: ADDITIONS/CHANGES. Multiple rows for adding new members with fields for Title, Name, Street Address, City-ST-ZIP, Change, and Addition checkboxes.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] ARIEL FURMANSKI Date: 04-21-03 (786) 285-4070

CR2E083 (10/02)