


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031637
 1. Entity Name
 CORAL GABLES LIQUIDATIONS, LLC



Principal Place of Business 3750 NW 114 AVE. #6 MIAMI, FL 33178	Mailing Address 3750 NW 114 AVE. #6 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3666236	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RATMIROFF, ALFREDO
 3750 NW 114 AVE. #6
 MIAMI, FL 33178

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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: Alfredo Ratmiroff (NOTE: Registered Agent signature required when reinstating)

DATE: 4/15/04

Filing Fee is \$50.00 Due by May 1, 2004

000000119068
 04/19/04-80085-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIQUIDATIONS USA, LLC 3750 NW 114 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, CAROLINA 3750 NW 114 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENAVIDES, JORGE 3750 NW 114 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ BARNIZ, LUIS RUBEN 3750 NW 114 AVE. MIAMI, FL 33178
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 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: Alfredo Ratmiroff DATE: 04/15/04 DAYTIME PHONE #: (305) 899-3824

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