


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000031556  
 1. Entity Name  
 CORAL SPRINGS INVESTMENT HOLDINGS, LLC



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 10048 N.W. 53RD STREET 10048 N.W. 53RD STREET  
 SUNRISE, FL 33351 SUNRISE, FL 33351



**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-LLC CR2E083 (10/03)  
 4. FEI Number 20-0194434 Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOTCHKISS, PETER A  
 10048 N.W. 53RD STREET  
 SUNRISE, FL 33351

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOTCHKISS, PETER A
STREET ADDRESS	10048 NW 53RD ST
CITY-ST-ZIP	SUNRISE, FL 333518068
TITLE	MGRM
NAME	JACKSON, KENNETH R
STREET ADDRESS	10048 NW 53RD ST
CITY-ST-ZIP	SUNRISE, FL 333518068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000310311  
 04/16/05-80072-004 50.00

**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)(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:  4/14/05 954-746-5770  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #