2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035514

Entity Name: CORALIE, L.L.C.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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747 CRANDON BLVD. #PH9 747 CRANDON BLVD.

KEY BISCAYNE, FL 33149 US PH9

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

747 CRANDON BLVD. #PH9 747 CRANDON BLVD.

KEY BISCAYNE, FL 33149 US PH9
KEY BISCAYNE, FL 33149 US

FEI Number: 20-0312481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALAZAR, LISETTE PIE ESQ 240 CRANDON BLVD., STE. 266 KEY BISCAYNE, FL 33149 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 DUCHAMP, PATRICK
 Name:

 Address:
 747 CRANDON BLVD. #PH9
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149 US
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 OBERER, CORALIE
 Name:

 Address:
 747 CRANDON BLVD. #PH9
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK DUCHAMP MANA 01/14/2009