

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 045 ****55.00



DOCUMENT # L04000034239

1. Entity Name
CORAL DEVELOPMENT, L.L.C.

Principal Place of Business
 12677 N.W. 17TH PLACE
 CORAL SPRINGS FL 33071

Mailing Address
 12677 N.W. 17TH PLACE
 CORAL SPRINGS FL 33071

00011000



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

1792 BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1792 BAY DRIVE

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

20-1115023

Applied For
 Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A ESQ
 C/O FRANK, WEINBERG & BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DESIMONE, MICHAEL	
STREET ADDRESS	12677 N.W. 17TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	De Simone, Michael		
STREET ADDRESS	1792 BAY DRIVE		
CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	De Simone, Anthony		
STREET ADDRESS	1792 BAY DRIVE		
CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

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

ANTHONY DE SIMONE

2/24/05

954-943-1906

Date

Daytime Phone #