2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres			
		Suite, Apt. #, etc.			
		City & State			
Zip	Country	Žip	Country		
	! 5. Name and Address of Cu	rrent Registered Agent			
COEL MARK		3	Name		

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90025 019 ****50.00

1. Entity Name COEL & WARREN, P.L.											
Principal Place of Business		Mailing Address				20044402					
1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431		1900 GLADES ROAD, SUITE 350 Boca Raton, FL 33431				4 IBBIIEN EN	23124 31111 42 111 42 111 4			D Ø1 H1 10 0 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006	Chg-LLC	CR2E08	3 (11/05)				
City & State		City & State			4. FEI Numb	"SO-26	32520	\rightarrow	plied For t Applicable		
Zip		Country	Zip Country		try		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current F	Registered Agent		A 1		7. Name and	Address of New	Registered Ag	gent	
COEL, MA	RK A				Name						
1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431					Street Address (P.O. Box Number is Not Acceptable)						
						-			FL	Zip Code	9
8. The above	named entit	ty submits this statement for	the purpose of changing its	register	ed office or	registere	ed agent, or bo	th, in the State of I		miliar with	and accept
	ions of regis			Ū							
SIGNATURE .	Signature typed	d or printed name of registered agent a	nd title if applicable (NOTE	Registere	1 Agent signatu	ra required :	when reinstating)		DATE		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-		
Filing Fee is \$50.00 Due by May 1, 2006							l	M.	ake check par	vable to	
Di	ue by Ma	y 1, 2006							da Departme	•	•
9.	ue by Ma	y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.			,	Flori	•	•	•
9. 11114	ue by Ma	y 1, 2006 	RS/MANAGERS	THU			ident	ADDITION	da Departme	•	Addition
9.	ue by Ma	y 1, 2006 		TITL				ADDITION	da Departme	nt of State	
9. TITLE NAME	ue by Ma	y 1, 2006 		THILL NAM STRE	E			Flori	da Departme	nt of State	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ue by Ma	y 1, 2006 		TITLL NAM STRE CITY TITLL	E Et address -St-Zip			ADDITION	da Departme S/CHANGES 350 33431	nt of State	
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limited liability company or the receiver or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:			7	<u>arki</u>	<u> </u>	<u> </u>
SIGNATURE	AND TYPED OR PRINTED NAM	E OF SIGNING MANAGING	MEMBER, MAI	NAGER, OR A	UTHORIZI	ED REPR

