## 2007 LIMITED LIABILITY COMPANY . . . . ANNUAL REPORT (AR)

## **FILED** Apr 25, 2007 08:00 All Secretary of State DOCUMENT # L05000039811 1. Entity Name CORAL CAY RESORT, LLC Principal Place of Business Mailing Address 1155 S. SEMORAN BLVD., SUITE 1120 1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suile, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2844833 Not Applicable Zıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired . . . 🙀 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIOCE, DOMENICK R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33401 City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11111 ☐ Change Addition DHI Defete NAMI NAMI ENGINEERED HOMES OF ORLANDO INC STREET ADDRESS U00000730552 /08/07-80075-019 55.00 STREET ADDRESS 1155 S SEMORAN BLVD STE 1120 CHY-SI-7P CHY-ST-7P WINTER PARK FL 32792 ☐ Delete Change ☐ Addition TITLE 11111 NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP HHI ☐ Delete HILL Change ☐ Addition NAMÉ NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-St-Zir ☐ Change ■ Addition THILE Delete IIIII. NAM STREET ADDRESS STREET ADDRESS CITY-S1-78 CHY-SI-ZIP ☐ Delete TIME Change ☐ Addition IIIII NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-S1-7IP Delete ш Change Addition 1000 NAMI NAME. STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE