


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90293 020 \*\*\*\*55.00

**DOCUMENT # L05000120450**

1. Entity Name  
**CORAL TOWN PARK, LLC**



Principal Place of Business      Mailing Address  
**2189 WEST 60TH STREET, SUITE 205**      **2189 WEST 60TH STREET, SUITE 205**  
**HIALEAH FL 33016**      **HIALEAH FL 33016**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)

4. FEI Number      Applied For  
**16-1745997**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. THIRD AVENUE, SUITE 2800**  
**MIAMI FL 33131**

Name      **JOSE E. FANO**  
 Street Address (P.O. Box Number is Not Acceptable)      **2189 W. 60th St.**  
**SUITE 205**  
 City      **HIALEAH**      FL      Zip Code      **33016**

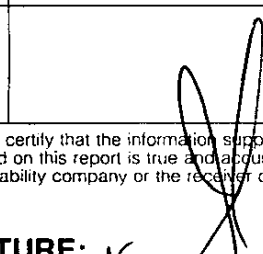
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      DATE  
 Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      **3/10/06**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <b>JOSE E. FANO</b> <b>2189 W. 60th St. # 205</b> <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <b>CARLOS HERRERA</b> <b>14400 NW 7 Ct., # 300</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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**