


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 043 ***138.75

DOCUMENT # L05000121049
 1. Entity Name
CORAL DEVELOPMENT PALM BEACH LLC



Principal Place of Business
 1660 NW 19TH AVENUE
 POMPANO BEACH, FL 33069

Mailing Address
 1660 NW 19TH AVENUE
 POMPANO BEACH, FL 33069

60037182

2. Principal Place of Business - No P.O. Box #
6462 NW 63RD WAY

3. Mailing Address
6462 NW 63RD WAY

Suite, Apt. #, etc.



City & State
PARKLAND FL

City & State
PARKLAND FL

Zip
33067-1516 Country **US**

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33067-1516 Country **US**

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3813775

Applied For
 Not Applicable

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 SW 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE SIMONE, MICHAEL MR. 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6462 NW 63RD WAY PARKLAND FL 33067-1516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **4-29-08 954 6093845**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #