
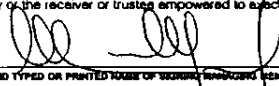



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90027 036 \*\*\*\*50.00

DOCUMENT # <b>LD6000005469</b>			
1. Entity Name <b>PACIFIC CORAL WAY PROPERTY LLC</b>			
Principal Place of Business <b>396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134 US</b>		Mailing Address <b>396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MURAI WALD BIONDO MORENO &amp; BROCHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1-B CORAL GABLES, FL 33134</b>		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 _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACIFIC CABLE TELEVISION, INC. 396 ALHAMBRA CIRCLE, SUITE 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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: 		DATE: <b>04-13-07</b>	

<b>PACIFIC REAL ESTATE MANAGEMENT CORP (RENTAL ESCROW ACCOUNT)</b>		<b>17087</b>
395 Giralda Suite 100 Coral Gables, FL 33134		63-666/632
DATE <b>04-13-07</b>		
PAY TO THE ORDER OF	<b>FLORIDA DEPARTMENT OF STATE</b>	<b>\$ 50.</b>
<b>FIFTY 00/100</b>		<b>DOLLARS</b>
<b>REGIONS BANK</b>		
FOR <b>PACIFIC CORAL WAY PROPERTY LLC</b>		