
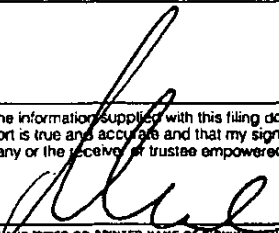


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 044 \*\*\*138.75

<b>DOCUMENT # L06000056565</b>			
1. Entity Name CORAL DEVELOPMENT OF FORT MYERS, LLC			
Principal Place of Business 1660 NW 19TH AVE. POMPANO BEACH, FL 33069		Mailing Address 1660 NW 19TH AVE. POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box # 6462 NW 63RD WAY Suite, Apt. #, etc.		3. Mailing Address 6462 NW 63RD WAY Suite, Apt. #, etc.	
City & State PARKLAND FL		City & State PARKLAND FL	
Zip 33067-1516	Country US	Zip 33067-1516	Country US
4. FEI Number APPLIED FOR 06-1787896		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ 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 _____	
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	MGR DESIMONE, MICHAEL 1660 NW 19TH AVE 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	MGR DESIMONE, ANTHONY 1660 NW 19TH AVE 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
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: 4-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 954 6093845	

30008667



04242008 Chg-LLC CR2E083 (12/06)