


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000082941		
1. Entity Name BLACK CORAL, LLC		
Principal Place of Business 396 ALHAMBRA CIRCLE, STE 100 CORAL GABLES, FL 33134	Mailing Address 396 ALHAMBRA CIRCLE, STE 100 CORAL GABLES, FL 33134	



01182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5714821	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

PACIFIC CABLE TELEVISION, INC
 396 ALHAMBRA CIRCLE
 SUITE 100
 CORAL GABLES, FL 33134

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

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MM
NAME	ISAIAS, ROBERTO
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MM
NAME	ISAIAS, WILLIAM
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MM
NAME	ISAIAS, LUIS
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MM
NAME	MORLA, MARIADEL CARMEN
STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/15/08-80003-006 138.75

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 04/21/08

Daytime Phone # _____