


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

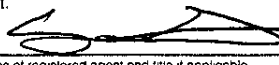
FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 029 ****50.00

DOCUMENT # L99000006076			
1. Entity Name CORAL CREEK APARTMENTS, L.L.C.			
Principal Place of Business 2077 N.E. 120TH ROAD NORTH MIAMI FL 33181		Mailing Address 2077 N.E. 120TH ROAD NORTH MIAMI FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country




MOORE CR2E083 (11/03)

4. FEI Number 65-0950381		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSMAN, SEAN 2077 N.E. 120TH ROAD NORTH MIAMI FL 33181		7. Name and Address of New Registered Agent Name SEAN GROSMAN Street Address (P.O. Box Number is Not Acceptable) 616 North Island DR City Golden Bch FL Zip Code 33160	
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 2/4/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSMAN, SEAN 2077 NE 120TH ROAD NORTH MIAMI FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAN Grozman 616 North Island dr. Golden Bch, Fl, 33160 <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SEAN GROSMAN 2/4/04 9547245454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #