

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000278

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: BANK OF CORAL GABLES, LLC

## Current Principal Place of Business:

95 MERRICK WAY, SUITE 106  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2295 GALIANO STREET  
CORAL GABLES, FL 33134

## Current Mailing Address:

95 MERRICK WAY, SUITE 106  
CORAL GABLES, FL 33134

## New Mailing Address:

2295 GALIANO STREET  
CORAL GABLES, FL 33134

FEI Number: 20-2411732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BEST, TERRY E  
95 MERRICK WAY, SUITE 106  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

BEST, TERRY E  
2295 GALIANO STREET  
CORAL GABLES, FL 33134      US

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.

SIGNATURE:

07/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: BEST, TERRY E  
Address: 7481 RED BAY PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR      ( ) Delete  
Name: BLAIR, JERROLD  
Address: 300 SOUTH POINTE DR., APT. 3103  
City-St-Zip: MIAMI BEACH, FL 33138

Title: MGR      ( ) Delete  
Name: DUSSEAU, CHARLES  
Address: 7520 SW 72 COURT  
City-St-Zip: MIAMI, FL 33143

Title: MGR      ( ) Delete  
Name: KASHTAN, MICHAEL A  
Address: 3300 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR      ( ) Delete  
Name: KERDYK, WILLIAM H JR  
Address: 2631 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR      ( ) Delete  
Name: LESTER, PAUL A  
Address: 201 ALHAMBRA CIR., STE. 601  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY E. BEST

MGR

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date