


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000032469
 1. Entity Name
 2212 CORAL WAY LLC



Principal Place of Business 2000 S DIXIE HWY 100 MIAMI, FL 33133	Mailing Address 2000 S DIXIE HWY 100 MIAMI, FL 33133
---	---

DO NOT WRITE IN THIS SPACE



02132008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4589559	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
 ABASSI, MICHAEL
 2000 S DIXIE HWY
 SUITE 100
 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

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

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

U000000329857
 02/26/08-80057-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLKAR, REZA 1643 BRICKELL AVE #705 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBASSI, ABDI 2000 S DIXIE HWY SUITE 100 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABASSI, KATHY 2000 S DIXIE HWY STE 100 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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]* 2.14.08 305-856 5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #