

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005469

Entity Name: PACIFIC CORAL WAY PROPERTY LLC**Current Principal Place of Business:**1728 S.W. CORAL WAY
SUITE 800
MIAMI, FL 33145**Current Mailing Address:**1728 S.W. CORAL WAY
SUITE 800
MIAMI, FL 33145 US**FEI Number:** 46-0565658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
1200 PONCE DE LEON
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|--|
| Title | MANAGER, PRESIDENT |
| Name | ISAIAS, LUIS N |
| Address | 1728 S.W. CORAL WAY SUITE 800 SUITE 800 |
| City-State-Zip: | MIAMI FL 33145 |

| | |
|-----------------|----------------------------------|
| Title | MANAGER, VP |
| Name | ISAIAS, ANDRES |
| Address | 1728 S.W. CORAL WAY SUITE 800 |
| City-State-Zip: | MIAMI FL 33145 |

| | |
|-----------------|----------------------------------|
| Title | MANAGER, VP |
| Name | ISAIAS-ARELLANO, WILLIAM |
| Address | 1728 S.W. CORAL WAY SUITE 800 |
| City-State-Zip: | MIAMI FL 33145 |

| | |
|-----------------|----------------------------------|
| Title | VP, TREASURER, SECRETARY |
| Name | MORLA, MARIA C |
| Address | 1728 S.W. CORAL WAY SUITE 800 |
| City-State-Zip: | MIAMI FL 33145 |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA C MORLA

VP/T/S

03/06/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date