

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001122**1. Entity Name
CORONADO CAPITAL, LLC

Principal Place of Business 204 22ND STREET BELLEAIR BEACH FL 33786	Mailing Address 204 22ND STREET BELLEAIR BEACH FL 33786
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2. Principal Place of Business 2047 CAROLINA AVENUE NORTHEAST	3. Mailing Address 2047 CAROLINA AVENUE NORTHEAST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SAINT PETERSBURG FL	City & State SAINT PETERSBURG FL
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Zip 33703	Country US	Zip 33703	Country US
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4. FEI Number
59-3620733Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSOLOMON JR FRED L
204 22ND STREET

BELLEAIR BEACH FL 33786 US**7. Name and Address of New Registered Agent**Name
SOLOMON JR FRED L
Street Address (P.O. Box Number is Not Acceptable)
2047 CAROLINA AVENUE NORTHEAST

City
SAINT PETERSBURG FL Zip Code
33703

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.

SIGNATURE _____ 07/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRED SOLOMON L 2047 CAROLINA AVENUE NORTHEAST SAINT PETERSBURG FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Fred L. Solomon Jr. Mgr 07/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)