

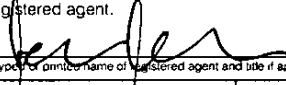



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90036 032 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L00000007814</b><br>1. Entity Name<br>1590 CORAL WAY LIMITED LIABILITY COMPANY   |  |  |   |               |  |
| Principal Place of Business<br>3052 S.W. 27TH AVENUE<br>MIAMI, FL 33133  |  |  |   | Mailing Address<br>3052 SW 27TH AVE. #101<br>MIAMI, FL 33133                                   |  |
| 2. Principal Place of Business<br>2200 South Dixie Hwy<br>Suite, Apt. #, etc.<br>Suite 705<br>City & State<br>Coconut Grove, FL<br>Zip<br>33133-<br>Country<br>Dade  |  | 3. Mailing Address<br>2200 South Dixie Hwy<br>Suite, Apt. #, etc.<br>Suite 705<br>City & State<br>Coconut Grove, FL<br>Zip<br>33133<br>Country<br>Dade |   | 14002169<br> |  |
| 04182005 Chg-LLC CR2E083 (10/03)   |  |  |   | 4. FEI Number<br>65-1050181  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>RENZI, PASQUALE<br>3052 SW 27TH AVE. #101<br>MIAMI, FL 33133  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Renzi, Pasquale<br>Street Address (P.O. Box Number is Not Acceptable)<br>2200 South Dixie Hwy<br>Suite 705<br>City<br>Coconut Grove, FL<br>Zip Code<br>33133 |  |  |
| 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.<br>SIGNATURE  Pasquale Renzi DATE 4/15/05<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |  | Make check payable to<br>Florida Department of State   |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RENZI, RENZO<br>3052 S.W. 27TH AVENUE<br>MIAMI, FL 33133    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Renzi, Renzo<br>2200 South Dixie Hwy Suite 705<br>Coconut Grove, FL 33133                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RENZI, PAQUALE<br>3052 SW 27TH AVENUE #101<br>MIAMI, FL 33133 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Renzi, Pasquale<br>7120 West Lago Dr.<br>Coral Gables, FL 33143                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  Pasquale Renzi<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | 4/15/05<br><small>Date</small>  |  | 305-858-2286<br><small>Daytime Phone #</small>                               |