LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # L 000000 10269 1. Entity Name Coral West Development LLC DO NOT WRITE IN THIS SPACE			05-02-2003 90581 028 ****55.00
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 780 NW Suite, Apt. #, etc.	42 Ave	DO NOT WRITE IN THIS SPACE
City & State	City & State	F/	4. FEI Number Applied For Not
Zip Country	Zip 33/26	Country	5. Certificate of Status Desired 2 \$5.00 Additional Fee Required
DO NOT W IN THIS SF 8. The above named entity submits this statement for the obligations of registered agent.	PACE	_	Vre/10 A. Predva. (80-80x Number is Not Acceptable) 4 2 Ave. 2516 17AM7 FL Zin Code red agent, or both, in the State of Florida. I am familiar with, and accept Pedva 3-31-03
SIGNATURE Signature, type-of-state deposition of registered agent and title if applicable Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS / MANAGERS			
TITLE MGRY *NAME GENOA DEVELO *STREET ADDRESS 1001 Brickell CITY-ST-ZIP # 1704 miami	pers Inc.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET AODRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY- ST-ZIP 11. Thereby certify that the information supplied with	this filing does not qualify for th	NAME STREET ADDRESS CITY: ST-ZIP	ction-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 reserver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

NAME OF SIGNING MANAGING MEMBER, MANAGED OR AUTHORIZED REPRESENT

3/31/03

Daytime Phone #