


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90032 031 \*\*\*\*50.00

<b>DOCUMENT # L01000001383</b> 1. Entity Name <b>CORAL VIEW, L.C.</b>					
Principal Place of Business <b>2601 S. BAYSHORE DRIVE 10TH FLOOR</b> <b>C/O WILLY A. BERMELLO</b> <b>MIAMI, FL 33133</b>			Mailing Address <b>2601 S. BAYSHORE DRIVE 10TH FLOOR</b> <b>C/O WILLY A. BERMELLO</b> <b>MIAMI, FL 33133</b>		
2. Principal Place of Business <b>2601 S. Bayshore Drive</b>		3. Mailing Address <b>2601 S. Bayshore Drive</b>			
Suite, Apt. #, etc. <b>Suite 1000</b>		Suite, Apt. #, etc. <b>Suite 1000</b>			
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>			
Zip <b>33133</b>		Country <b>USA</b>		03012005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>65-1072406</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>INRASTATE REGISTERED AGENT CORPORATION</b> <b>701 BRICKELL AVE</b> <b>SUITE 3000</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BERMELLO, WILLY A</b> <b>2601 S. BAYSHORE DR, 10TH FLOOR</b> <b>MIAMI, FL 33133</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BAP Coral View Developers L.C.</b> <b>2601 S. Bayshore Drive Suite 1000</b> <b>Miami Florida 33133</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.					
<b>SIGNATURE:</b> <u>Willy A. Bermello</u> <u>Willy A. Bermello</u> <u>4/12/05</u> <u>305-8603704</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					