2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0100005921 1. Entity Name 1333 CORAL WAY, L.L.C.					Feb 28, 2004 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address		1	-	= '			
321 23RD ST. 321 23RD ST.			Λ.			1			
MARATHON	4 FL 33050	MARATHON FL 33050	U						EW 111 1222
Principal Place of Business									
2. Principal P	race of business	3. Walling Address	3. Walisty Address					## ##### ####	
Suite, Apt #. etc.		Suite, Apt. #, etc.			MOORE	CR2E083	(11/03)	,	
City & State		City & State			4. FEI Number	65-1095818		j	plied For Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		5.00 Addi	
	6. Name and Address of Currer	<u> </u>		7. Name and	Address of New Re	gistered Ag	ent		
MIDIOLIT THOMAS D				Name					
WRIGHT, THOMAS D 9711 OVERSEAS HWY., STE. 5				Street Address (P.O. Box Number is Not Acceptable)					
MARATHON FL 33050									
				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	,
8. The above	e named entity submits this statement	ed office or registe	red agent, or both	, in the State of Flor		miliar with, a	and accept		
	tions of registered agent.					• •			
SIGNATURE	Signature, typod or printed name of registered age	ent and title if applicable (NO	TE. Registero	od Agent signature require	d when reinstating)		DATE		<u>· · · · · · · · · · · · · · · · · · · </u>
1				FEE IS \$50.00		<u></u> ;			·
		Make Check Payal	ble to Fi	orida Departme	nt of State				
				ay 1, 2004					
9.		BERS/MANAGERS	10.		<u> </u>	ADDITIONS/		Change	☐ Addition
TITLE NAME	MGRM YOUNG, DEAN M	☐ Oelete	NAM					Onlarige	ridgittojt
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CITY-ST-ZIP	MARATHON FL 33050			1-ST-ZIP	<u></u>			☐ Change	☐ Addition
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CITY-ST-ZIP			CIT	Y-ST-21P			•	<u>.</u>	
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NAME CYPTET ABORESE			NAM eta	ŀ					
STREET ADDRESS CITY-ST-ZIP			- 6	IEET ADDRESS Y-ST-ZIP					
<u> </u>	certify that the information supplied w	vith this filing does not qualify f			ection 119.07(3)(i), Florida Statutes. I	further certi	fy that the in	formation
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.									

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

_FILED

Daytime Phone #

Date