


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90210 006 \*\*\*\*50.00

DOCUMENT # L01000009068

1. Entity Name  
 CORAL WAY ACQUISITION PROPERTIES, LLC



Principal Place of Business Mailing Address  
 BLANCA CABRERA LARREA BLANCA CABRERA LARREA  
 9330 SW 40 ST 9330 SW 40 ST  
 MIAMI, FL 33165 MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 3252 CORAL WAY Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State MIAMI FL City & State  
 Zip 33145 Country USA Zip Country



01032007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 CABRERA, BLANCA R  
 9330 SW 40 ST  
 MIAMI, FL 33165

4. FEI Number 65-1116983 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name LOPEZ-GARCIA, JORGE L ESQ  
 Street Address (P.O. Box Number is Not Acceptable)  
 1570 MADRUGA AVE STE 211  
 City CORAL GABLES FL Zip Code 33446

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 Jorge L Lopez-Garcia ESQ DATE 1/3/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLC CW, LLC 9330 SW 40 ST MIAMI, FL 33165 <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	MGRM GARCIA LAZARO 9330 SW 40 ST MIAMI, FL 33165 <input 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	MGRM GARCIA JOSE JR 9330 SW 40 ST MIAMI, FL 33165 <input 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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jorge L Lopez-Garcia Lazaro Garcia 1-3-07 (305) 552-7318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #