

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014388

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** WHITE CORAL HOLDINGS, L.C.

**Current Principal Place of Business:**

1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131

**New Principal Place of Business:**

1000 BRICKELL AVENUE, 400  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVENUE, 400  
MIAMI, FL 33131

**FEI Number:** 80-0007856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, 400  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE GUZMAN, RAFAEL  
Address: 1000 BRICKELL AVENUE, 400  
City-St-Zip: MIAMI, FL 33131

Title: V  
Name: ARDILA, MONICA V  
Address: 1000 BRICKELL AVENUE, 400  
City-St-Zip: MIAMI, FL 33131 US

Title: V  
Name: DE GUZMAN, MARIA A V  
Address: 1000 BRICKELL AVENUE, 400  
City-St-Zip: MIAMI, FL 33131 US

Title: V  
Name: DE GUZMAN, JUAN PABLO V  
Address: 1000 BRICKELL AVENUE, 400  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RAFAEL DE GUZMAN

MGRM

04/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date