

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90161 004 ****50.00

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03152007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000022213 1. Entity Name 2250 CORAL WAY, LLC					
Principal Place of Business 2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133			Mailing Address 2000 S. DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ 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	MGRM ABBASSI, RAY ☒ Delete		TITLE	MGR ABBASSI, KATHARON ☐ Change ☒ Addition	
NAME	2000 S. DIXIE HIGHWAY, STE 100		NAME	2000 S. DIXIE HIGHWAY, STE 100	
STREET ADDRESS	MIAMI, FL 33133		STREET ADDRESS	MIAMI, FL 33133	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MGRM AGHA, ABDUL DR ☐ Delete		TITLE		
NAME	6701 SUNSET DR, STE 203 B		NAME		
STREET ADDRESS	MIAMI, FL 33183		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MGRM GOLKAR, REZA DR ☐ Delete		TITLE		
NAME	1643 BRICKELL AVE, # 705		NAME		
STREET ADDRESS	MIAMI, FL 33129		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	MGR ABBASSI, MICHAEL ☐ Change ☒ Addition	
NAME			NAME	2000 S. DIXIE HIGHWAY, SUITE 100	
STREET ADDRESS			STREET ADDRESS	MIAMI, FL 33133	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			SIGNATURE: Michael ABBASSI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-7-07 Daytime Phone # 305-576-5858		