

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007932

1. Entity Name
CORAD 1 LLC



Principal Place of Business
**11312 GLEN OAKS CT.
NORTH PALM BEACH, FL 33408**

Mailing Address
**11312 GLEN OAKS CT.
NORTH PALM BEACH, FL 33408**



01072004 No Chg-LLC

OR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORNIK, NANCY
11312 GLEN OAKS CT.
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHRAFER, CONRAD
C/O HANEN HORNE 1212 GLEN CT
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**U000000009075
01/20/04-80089-023 100.00**

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/04
Date

561-644-838
Daytime Phone #