


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90226 004 ****50.00

DOCUMENT # L02000007932


1. Entity Name
CORAD 1 LLC
CONRAD 1 LLC



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

2. Principal Place of Business 3. Mailing Address
C/O NANCY NARAMORE *C/O NANCY NARAMORE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8127 SE WOODLAKE LAKE *8127 SE WOODLAKE LAKE*
 City & State City & State
HOBE SOUND FLORIDA *HOBE SOUND FLORIDA*
 Zip Country Zip Country
33455 *USA* *33455* *USA*

60006101



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 65-1060130 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

7. Name and Address of ~~Current~~ Registered Agent

Name
NARAMORE, NANCY (NAME CHANGE ONLY)
 Street Address (P.O. Box Number is Not Acceptable)
8127 SE WOODLAKE LAKE
 City State Zip Code
HOBE SOUND **FL** *33455*

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 _____ DATE _____
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHRAFER, CONRAD C/O NANCY HORNE, 11312 GLEN OAKS COURT NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>NANCY NARAMORE 8127 SE WOODLAKE LAKE HOBE SOUND FLORIDA 33455</i>
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
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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:  **772-288-3406**

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