2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000009650

1. Entity Name
CORAL WAY VENTURES, LLC



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

5959 BLUE LAGOON DR

SUITE 200 MIAMI, FL 33126

SIGNATURE:

Mailing Address

5959 BLUE LAGOON DR SUITE 200

MIAMI, FL 33126



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1413161

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, SEVENTH FLOOR MIAMI, FL 33133

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Date

Daytima Phone #

			•
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 eignature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		•	
9.	MANAGING MEMBERS/MANAGERS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, THOMAS P 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000581250 01/10/07-80080-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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.			

ENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE