2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2003 8:00 am Secretary of State 04-28-2003 90102 034 ****50.00

DOCUMENT # LO2000012451 1. Entity Name CORAL RIDGE LLC								•	04-28-200	3 90102	. 034 ****.	30.00	
Principal Place of Business 2645 N.E. 207 STREET MIAMI FL 33180 US				Mailing Address 2645 N.E. 207 STREET MIAMI FL 33180 US				44901609					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, stc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Num	ber -070019	0_	·	pplied For lot Applicable	
Zip	Zip Country			Zip Co		try 5. Certifica		te of Status Desired		\$5.00 Ad Fee Require		7	
	6. Name	and Address of Curr					7. Name and Address of New Registered Agent]	
SNYDER, JENNIFER S. 345 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334				·	Name Jenniter S. Snyder Street Address (P.O. Box Number is Not Acceptable)								
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				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Departmen Due By May 1, 2003				t of State					
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11. I hereby of indicated limited list	ertify that the on this report bility compan	information supplied vills true and apprinte a y or the receiper or trus	with this and that stee emp	filing does not qualify for my signature shall have to cowered to execute this r	the exem he same eport as	nption stal legal effer required b	led in Sect ct as if ma by Chapter	ion 119.07(3) de under oat 608, Florida	Xi), Florida Statutes. h; that I am a manas Statutes.	further ce jing memb	ertify that the inter or manager	formation r of the	

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 06-07-2002 NUMBER OF THIS NOTICE: CP 575 B EMPLOYER IDENTIFICATION NUMBER: 01-0700190 FORM: SS-4

FORM: SS-4 0132756037 B

44001609 #102000012451

FOR ASSISTANCE CALL US AT: 1-800-829-1040

CORAL RIDGE LLC MITRANI ELIAS MEMBER 2645 NE 207TH AVENTURA FL 33180

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0700190. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1065

04/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.