


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000020365	
1. Entity Name CORAL VINE COTTAGES, LLC	

Principal Place of Business 4219 MEE COURT LAKE WORTH, FL 33461 US	Mailing Address PO BOX 6143 DELRAY BEACH, FL 33482 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 81-0590288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTALUGA, CHRISTIANE M
 1444 E BEXLEY PARK DR
 DELRAY BEACH, FL 33445

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000829469
 02/26/08-80039-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTALUGA, CHRISTIANE PO BOX 6143 DELRAY BEACH, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONATELLI, TIMOTHY 722 BOBWHITE DR. HERMITAGE, PA 16148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLACE, JENNIFER 11551 PARADISE COVE LANE WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLACE, ANTHONY 11551 PARADISE COVE LANE WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEISELMAN, JEFFREY PO BOX 6143 DELRAY BEACH, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **(561)654-5276**

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