


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030271

1. Entity Name
CORAL CORNER MANAGEMENT, LLC



Principal Place of Business
3051 NE 48TH STREET, #706
FORT LAUDERDALE, FL 33308

Mailing Address
3051 NE 48TH STREET, #706
FORT LAUDERDALE, FL 33308



01072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0435587	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

WAXMAN, RHODA
3051 NE 48TH STREET, #706
FORT LAUDERDALE, FL 33308

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAXMAN, RHODA 3051 NE 48 ST #706 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, RANDALL 1733 NE 35 ST FORT LAUDERDALE, FL 33334
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**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE: *Rhoda Waxman Managing Member* *1/19/05*

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