2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030449

1. Entity Name

CORAL RIDGE INTRACOASTAL PROPERTIES, LLC



Principal Place of Business Mailing Ad

1115 E. BROWARD BLVD FORT LAUDERDALE, FL 33301-2011 US Mailing Address

1115 E. BROWARD BLVD FORT LAUDERDALE, FL 33301-2011 US

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04192005No Chg-LLC CR2E083 (10/03)

F. Carliffe day of Chattan Dayland	55.0	າດ	Additional
55-0808886			Not Applicable
4. FEI Number			Applied For

5. Certificate of Status Desired

\$5.00 Addition Fee Required

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

DO NOT WRITE
IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chairons of registered agent.	inging its registere	ed office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registere	d Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS7MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, GARLAND A 380 N.W. 110 AVE PLANTATION, FL 33324			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 2932 BIRKDALE WESTON, FL 333321809	· - ·	· ·	U00000356890 04705-80053-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS		-		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: MANUEL FEENANDE 2	_	•
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARKGING MEMBER, OR AUTHORIZED REPRESENTATIVE YORK . Date	Daytime Phone #	