


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033062
 1. Entity Name
 CORAL WAY APARTMENTS, LLC.



Principal Place of Business 2222 PONCE DE LEON BLVD. 502 CORAL GABLES, FL 33134	Mailing Address 2222 PONCE DE LEON BLVD. 502 CORAL GABLES, FL 33134
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06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2354890	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

GUILFORD, F.W. ZEKE
 2222 PONCE DE LEON BLVD.
 502
 CORAL GABLES, FL 33134

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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)

Filing Fee is \$50.00 Due by September 7, 2005

000000371983
 07/11/05 00012-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUILFORD, F. W. MORT 2222 PONCE DE LEON BLVD., SUITE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUILFORD, F.W. ZEKE 2222 PONCE DE LEON BLVD., SUITE 502 CORAL GABLES, FL 33134
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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 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: *Frank W. Zeke* Date: 6/29/05 Daytime Phone #: 315-446-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE