

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90757 043 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000033062**

1. Entry 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

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**56-2354890**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUILFORD, F.W. ZEKE**  
 2222 PONCE DE LEON BLVD.  
 602  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entry 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 \_\_\_\_\_

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES
<input type="checkbox"/> Delete	<b>MGR</b>	<b>GUILFORD, F. W. MORT</b>	<b>2222 PONCE DE LEON BLVD., SUITE 602 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>MGR</b>	<b>GUILFORD, F.W. ZEKE</b>	<b>2222 PONCE DE LEON BLVD., SUITE 602 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information reported on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or its receiver or trustee or authorized to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *F.W. Zeke Guilford* **4/30/03 (305) 446-8111**

44002376



CHECK HERE IF MAKING CHANGES



CPREC03 (1/02)