2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000006482

1. Entity Name

CORAL REALTY INVESTMENT, LLC



Principal Place of Business

1515 UNIVERSITY DRIVE

SUITE 203 CORAL SPRINGS, FL 33071 Mailing Address

1515 UNIVERSITY DRIVE

SUITE 203

CORAL SPRINGS, FL 33071



FILED

Jan 17, 2006 08:00 AM

Secretary of State

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 82-0589407 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD E 1515 UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 3307

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CORAL SE	PRINGS, FL 33071	113	IIIIO OFACE
	named entity submits this statement for the purpose of char- tions of registered agent.	{ nging its registèred 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Fi	iling Fee is \$50.00 ue by May 1, 2006		··
9.	MANAĞING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHACHNER, MARK S 3100 CORAL HILLS DR, STE 207 CORALS SPRINGS, FL 33065		U00000388442 01/20/05-80005-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31, Lo. 30 30000 000 001, July
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-JIP			
NAME		<u>.</u>	•

11. I hereby certify that the information supplied with this filling 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 eath; 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: Mark S. Shachner, Mgr. (V X)/W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/06

954-755-0111

Date

Daytime Phone #