


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90003 041 ****50.00

DOCUMENT # L03000008623	
1. Entity Name CORAL PUB II, LLC	

Principal Place of Business 1200 BISCAYNE BLVD., STE. 803 MIAMI, FL 33181	Mailing Address 1200 BISCAYNE BLVD., STE. 803 MIAMI, FL 33181
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2. Principal Place of Business 12000 Biscayne Blvd. Suite, Apt. #, etc. Ste 803 City & State Miami, FL Zip 33181	Country	3. Mailing Address 12000 Biscayne Blvd. Suite, Apt. #, etc. Ste. 803 City & State Miami, FL Zip 33181	Country
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04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, HARVEY S 1200 BISCAYNE BLVD., STE. 803 MIAMI, FL 33181	
7. Name and Address of New Registered Agent Name Taylor Harvey S. Street Address (P.O. Box Number is Not Acceptable) 12000 Biscayne Blvd, Ste 803 City Miami FL Zip Code 33181	

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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:  **Harvey S. Taylor** 4/29/04 305-892-6800

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

Date

Daytime Phone #