

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008956

FILED
May 21, 2007
Secretary of State

Entity Name: CORAL WAY DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

1757 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1757 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 05-0559147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GEOFFREY TRAVIS
1757 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI (GLT)
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

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.

SIGNATURE: JAMES A FARRELL, VP

05/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEISS, RACHELLE H
Address: 1757 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: PRESS, JACK A
Address: 1757 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLASKIN, STUART
Address: 1757 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STUART KLASKIN

MGR

05/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date