

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008956

FILED
Jul 28, 2008
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:

PO BOX 144132
CORAL GABLES, FL 33114

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLASKIN, STUART
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: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR (X) Change () Addition
Name: PRESS, JACK A
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

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 A. KLASKIN

MGR

07/28/2008

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