2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

	"ANNUAL REPORT		Secretary of State		
1. Entity Name	MENT # L03000010528 Corado 25 llc		Secretary of State		
Principal Place of Business Mailing Address 13907 CARROLLWOOD VILLAGE RUN 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618 1AMPA, FL 33618					
D	OO NOT WRITE IN THIS	SPACE	03142006 No Chg-LLC		
	6. Name and Address of Current Registered Agent				
FAIRBANKS, GARY A 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618			DO NOT WRITE IN THIS SPACE		
S)GNATURE_	Signature Typed or prived name of registered agent and title if applicable (for tilling Fee is \$50.00 ue by May 1, 2006	OTE: Registered Agent signature requ	ured when rer stating! OATE		
9.	MANAGING MEMBERS/MANAGERS	<u> </u>			
NAME NAME STREET ADDRESS CITY-ST-21P	MGR RAPPAPORT, ALEXANDER G		000000475657 04/05/06-80023-024 50.00		
HILE NAME STREET ADDRESS CITY ST ZIP	<u>-</u>	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
C/TY ST-ZIP TIFLE NAME STREET ADDRESS		<u>.</u>			

11.) nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 1 am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE SIGNATURE SIGNATURE END TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP
HITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

A. 4. PAPILYORT 3-17-06
ITHORIZED REPRESENTATIVE
DOTE

813-269-0899

Daysme Phone #