


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015720	
1. Entity Name FIRE CORAL HOLDINGS, LLC	
	
Principal Place of Business 1200 NORTH FEDERAL HIGHWAY, SUITE 420 C/O BUTZEL LONG, P.C. BOCA RATON, FL 33432	Mailing Address 1200 NORTH FEDERAL HIGHWAY, SUITE 420 C/O BUTZEL LONG, P.C. BOCA RATON, FL 33432



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0219168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR 1200 NORTH FEDERAL HIGHWAY, SUITE 420 C/O BUTZEL LONG, P.C. BOCA RATON, FL 33432

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRE CORAL MANAGEMENT, INC. 1200 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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: JAY E. LASNER, President, Fire Coral Mgmt, Inc., Manager 4/7/07 (954) 501-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #