

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 042 ****50.00

DOCUMENT # L03000019713

1. Entity Name

CORAL REEF APARTMENTS, LLC



Principal Place of Business

1721 N.W. 108 AVE.
PEMBROKE PINES FL 33026

Mailing Address

1721 N.W. 108 AVE.
PEMBROKE PINES FL 33026

20010330



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

1721 N.W. 108 AVE

3. Mailing Address

1721 N.W. 108 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

Zip

FL-33026

Country

U.S.A.

Zip

FL-33026

Country

U.S.A.

4. FEI Number

65-1193531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHEW, THURACKAL U
1721 N.W. 108 AVE.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

NONE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MATHEW, THURACKAL U
STREET ADDRESS 1721 N.W. 108 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE MGRM ☐ Delete
NAME MATHEW, LILLY
STREET ADDRESS 1721 N.W. 108 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

THURACKAL U. MATHEW 2/28/05 954-816-6614