

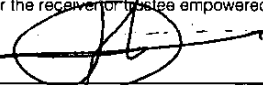


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 18 AM 10:37

DOCUMENT # L03000021441 1. Entity Name CORAL TEAM, LLC					
Principal Place of Business 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331			Mailing Address <i>This has CHANGED</i> 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>2800 GLADES Circle</i> Suite, Apt. #, etc. <i>SUITE E-102</i>			
City & State ---		City & State <i>WESTON - FL.</i>		07282005 Chg-LLC CR2E083 (10/03)	
Zip ---		Country ---		4. FEI Number 14-1887278	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ILEANA ARIAS TOVAR, ESQ. 1725 MAIN STREET, SUITE 205 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MARIA E 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERRANO, LUCIA 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGEL, DAVID 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGEL, DAVID 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGEL, DAVID 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGEL, DAVID 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	<input type="checkbox"/> Delete			
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: 				Date: <i>AUG 15-2005</i> (954) 288 8809	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	