

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021441

Entity Name: CORAL TEAM, LLC

FILED  
Feb 27, 2008  
Secretary of State

## Current Principal Place of Business:

19501 W. COUNTRY CLUB DR.  
APT 1902  
AVENTURA, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

19501 W. COUNTRY CLUB DR.  
APT 1902  
AVENTURA, FL 33180

## New Mailing Address:

P.O. BOX 630833  
MIAMI, FL 33163

FEI Number: 14-1887278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ILEANA ARIAS TOVAR, ESQ.  
1725 MAIN ST. STE., 205  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

ILEANA ARIAS TOVAR, ESQ.  
2250 NW 136TH AVE.  
PEMBROKE PINES, FL 33028 US

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:

02/27/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SERRANO, LUCIA  
Address: 19501 W. COUNTRY CLUB DR. #1902  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: NAGEL, DAVID  
Address: 19501 W. COUNTRY CLUB DR. #1902  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID NAGEL

MGRM

02/27/2008

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