



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90264 036 \*\*\*\*50.00

<b>DOCUMENT # L03000026336</b> 1. Entity Name <b>VILLAS AT CORAL WAY, L.L.C.</b>					
Principal Place of Business <b>10 LEJEUNE RD, STE 400 MIAMI, FL 33126</b>			Mailing Address <b>10 LEJEUNE RD, STE 400 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>10 N.W. 42nd AVE.</b>		3. Mailing Address <b>10 N.W. 42nd AVE.</b>			
Suite, Apt. #, etc. <b>SUITE 700</b>		Suite, Apt. #, etc. <b>SUITE 700</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip <b>33126</b> Country <b>USA</b>		Zip <b>33126</b> Country <b>USA</b>		03202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>72-1868232</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRODIE, SIDNEY Z 7270 NW 12TH ST, PH-I MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>MOURIZ, REINALDO J.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>10 N.W. 42nd AVE., SUITE 700</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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 _____ DATE <b>3/20/2006</b> <small>Signature of and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORIZ, REINALDO J 10 N.W. 42ND AVE., SUITE 400 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORIZ, REINALDO J. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/20/2006 (305) 567-1577</b> <small>Date Daytime Phone #</small>		