


FILED
Apr 14, 2008 8:00 am
Secretary of State

60022626

DOCUMENT # L03000026336

1. Entity Name
VILLAS AT CORAL WAY, L.L.C.




04-14-2008 90227 025 ***138.75

Secretary of State

Principal Place of Business
10 N.W. 42ND AVE
MIAMI, FL 33126

Mailing Address
10 N.W. 42ND AVE
MIAMI, FL 33126

60022626



2. Principal Place of Business - No P.O. Box #
3530 SW 22ND ST.

3. Mailing Address
3530 SW 22ND ST.

Suite, Apt. #, etc.
SUITE 916

Suite, Apt. #, etc.
SUITE 916

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33145

Country
USA

Zip
33145

Country
USA

4. FEI Number
72-1868232

Applied For
Not Applicable

5. Certificate of Status Desired

603242008

Chg-LLC

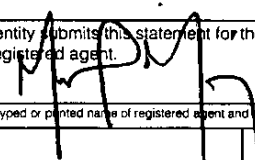
CR2E083 (12/06)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MOURIZ, REINALDO J
10 N.W. 42ND AVE
STE 700
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
MOURIZ, REINALDO J.
Street Address (P.O. Box Number is Not Acceptable)
3530 SW 22ND ST. SUITE 916
City
MIAMI
FL
Zip Code
33145

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
04-10-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MOURIZ, REINALDO J
10 N.W. 42ND AVE., SUITE 400
MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MOURIZ, REINALDO J
3530 SW 22ND ST. SUITE 916
MIAMI, FL 33145

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MOURIZ, MIGUEL A
3530 SW 22ND ST. SUITE 916
MIAMI, FL 33145

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PUIG, ENRIQUE
3530 SW 22ND ST. SUITE 916
MIAMI, FL 33145

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

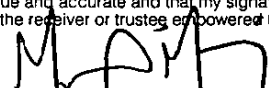
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

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

DATE
04-10-08

DAYTIME PHONE
(305) 567-1577