

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90003 025 \*\*\*\*50.00

**DOCUMENT # L03000035076**



1. Entity Name  
CORAL WAY EAST II, LLC

Principal Place of Business  
4131 LAGUNA ST.  
CORAL GABLES, FL 33146

Mailing Address  
4131 LAGUNA ST.  
CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number

35-2214773

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RENE  
2 ALHAMBRA PLAZA, STE. 860  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Leonorado Caroballo

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

18851 NE 29th Ave #900

City Aventura

FL

Zip Code 33180

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)

4/29/04

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ROBERTO A. TRAPAGA CATALA ☐ Delete  
STREET ADDRESS 4131 LAGUNA ST.  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGR  
NAME CABRER, AGUSTIN ☐ Delete  
STREET ADDRESS 4131 LAGUNA ST.  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGR  
NAME RAMOS, MARIA ☐ Delete  
STREET ADDRESS 4131 LAGUNA ST.  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGR  
NAME POSE, MANUEL V ☐ Delete  
STREET ADDRESS 4131 LAGUNA ST.  
CITY-ST-ZIP CORAL GABLES, FL 33146

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

MANUEL V POSE Member 4/28/04 (305) 446-1166

Date

Daytime Phone #