

**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

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 35-2214773

Applied For  
 Not Applicable

Zip Country Zip Country

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 Carolallo  
 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]  
 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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGR	ROBERTO A. TRAPAGA CATALA	4131 LAGUNA ST.	CORAL GABLES, FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	CABRER, AGUSTIN	4131 LAGUNA ST.	CORAL GABLES, FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	RAMOS, MARIA	4131 LAGUNA ST.	CORAL GABLES, FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	POSE, MANUEL V	4131 LAGUNA ST.	CORAL GABLES, FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MANUEL V POSE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Member 4/28/04 (305)446-1166  
 Date Daytime Phone #