

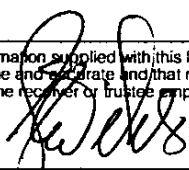


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90280 041 \*\*\*\*50.00

<b>DOCUMENT # L03000035076</b>					
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		03292005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 35-2214773	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
CARABALLO, LEOHAROLD 18851 NE 29TH AVE # 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent	
				Name <i>Caraballo, Leonardo J.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>100 SE 29th Street</i>	
				City <i>Miami</i>	
		FL		Zip Code <i>33131</i>	
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 <i>4/4/05</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO A. TRAPAGA CATALA			NAME	
STREET ADDRESS	4131 LAGUNA ST.			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRER, AGUSTIN			NAME	
STREET ADDRESS	4131 LAGUNA ST.			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MARIA			NAME	
STREET ADDRESS	4131 LAGUNA ST.			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSE, MANUEL V			NAME	
STREET ADDRESS	4131 LAGUNA ST.			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 				DATE <i>4/4/05</i> (305)446-1166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	