


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90169 014 ****55.00

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 3400 Coral way Suite, Apt. #, etc. 5th Floor City & State Miami, FL Zip 33146 Country USA		3. Mailing Address 3400 coral way Suite, Apt. #, etc. 5th Floor City & State Miami, FL Zip 33146 Country USA	
		01122006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 35-2214773	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARABALLO, LEONARDO J 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO A. TRAPAGA CATALA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	4131 LAGUNA ST.	STREET ADDRESS	3400 coral way 5th floor
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	Miami, FL. 33146
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRER, AGUSTIN <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	4131 LAGUNA ST.	STREET ADDRESS	3400 coral way 5th floor
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	Miami, FL. 33146
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MARIA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	4131 LAGUNA ST.	STREET ADDRESS	3400 coral way 5th floor
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	Miami, FL. 33146
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSE, MANUEL V <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	4131 LAGUNA ST.	STREET ADDRESS	3400 coral way 5th floor
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	Miami, FL. 33146
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	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 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: _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>