

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035076

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: CORAL WAY EAST II, LLC

**Current Principal Place of Business:**

3400 CORAL WAY  
5TH FLOOR  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

1431 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3400 CORAL WAY  
5TH FLOOR  
CORAL GABLES, FL 33146

**New Mailing Address:**

1431 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

FEI Number: 35-2214773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND STREET  
SUITE 2900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TRAPAGA, ROBERTO A  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: CABRER, AGUSTIN  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: RAMOS, MARIA  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Delete  
Name: POSE, MANUEL V  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TRAPAGA, ROBERTO A  
Address: 1431 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition  
Name: CABRER, AGUSTIN  
Address: 1431 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition  
Name: RAMOS, MARIA  
Address: 1431 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO TRAPAGA

MGR

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date