


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-20-2006 90145 040 ****55.00

DOCUMENT # L03000035077

1. Entity Name
CORAL WAY EAST, LLC



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

Mailing Address
**4131 LAGUNA ST.
 CORAL GABLES, FL 33146**

30004366

2. Principal Place of Business
3400 coral way

3. Mailing Address
3400 coral way

Suite, Apt. #, etc.
5th Floor

City & State
Miami, FL

Country
USA

Zip
33145



03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3667893

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3400 coral way 5th floor	Miami, FL. 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3400 coral way 5th floor	Miami, FL. 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3400 coral way 5th floor	Miami, FL. 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3400 coral way 5th floor	Miami, FL. 33145	<input checked="" 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 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: _____ **03-08-2006 305 421280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/No Phone #