


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000035077		
1. Entity Name CORAL WAY EAST, LLC		
Principal Place of Business 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	Mailing Address 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARABALLO, LEONARDO J 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTO A. TRAPAGA CATALA 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRER, AGUSTIN 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, MARIA 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSE, MANUEL V 3400 CORAL WAY 5TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS 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, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3667893	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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04/18/07-80009-013 55.00