

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042254

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** CORAL SPRINGS DEVELOPMENT, LLC

**Current Principal Place of Business:**

2500 N. MILITARY TRAIL  
SUITE 235  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2500 N. MILITARY TRAIL  
SUITE 235  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 20-0356682      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRENBERG & STRELITZ, P.A.  
2500 N. MILITARY TRAIL  
SUITE 235  
BOCA RATON, FL 33431 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: MGRM ( ) Delete  
Name: GREENBERG, JEFFREY L  
Address: 2500 N. MILITARY TRAIL, SUITE 235  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: SUSI, SAMUEL  
Address: 7806 CHARNEY LANE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

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

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: JEFFREY L. GREENBERG      MGRM      04/20/2009

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