

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001574

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** CORAL INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 37-1481835      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MEYERS, ROBERT K  
4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021 US

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: BARHAM, NORMAN  
Address: 13782 MONACO WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Delete  
Name: STRAKER-VIRTUE, SUSAN  
Address: 2118 NE 15TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR ( ) Delete  
Name: MEYERS, BERNARD M  
Address: 3699 TOULOUSE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: LASALA, CHRISTINE  
Address: 15 WEST 81ST STREET, APT. 14-C  
City-St-Zip: NEW YORK, NY 10024

Title: MGR ( ) Delete  
Name: CARBINE, DAVID J  
Address: 1040 SEMINOLE DR #1557  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR ( ) Delete  
Name: MEYERS, ROBERT K  
Address: 243 WHITE OAK SHADE ROAD  
City-St-Zip: NEW CANAAN, CT 06840

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: TODD A. LINDQUIST

CFO

07/01/2008

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