

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90279 017 \*\*\*\*50.00

**DOCUMENT # L04000004744**

1. Entity Name  
**CORAL HILLS, LLC**



Principal Place of Business  
**2423 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065**

Mailing Address  
**2423 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065**



2. Principal Place of Business  
**9625 W. SAMPLE RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**9625 W. SAMPLE RD**  
Suite, Apt. #, etc.

03302005 Chg-LLC CR2E083 (10/03)

City & State  
**CORAL SPRINGS, FL**  
Zip  
**33065** Country  
**U.S.A.**

City & State  
**CORAL SPRINGS, FL**  
Zip  
**33065** Country  
**U.S.A.**

4. FEI Number  
**20-0614741** Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

Name  
**MELAMED HOWARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**9625 W. SAMPLE RD.**  
City  
**CORAL SPRINGS** FL Zip Code  
**33065**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/5/05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELAMED, HOWARD 2423 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELAMED, BARBARA 2423 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9625 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9625 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR MELAMED, STEVAN 9625 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR MELAMED, JESSICA 9625 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/5/05**  
Date

**954-340-7053**  
Daytime Phone #