


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90037 042 ****50.00

DOCUMENT # L04000005706					
1. Entity Name CORAL SPRINGS 41, L.L.C.					
Principal Place of Business TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST STREET AVENTURA, FL 33180			Mailing Address TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST STREET AVENTURA, FL 33180		
2. Principal Place of Business 7809 W COMMERCIAL BLVD		3. Mailing Address 5944 CORAL RIDGE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 205			
City & State TAMARAC, FLORIDA		City & State CORAL SPRINGS, FL		4. FEI Number 77-0626030	
Zip 33351		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST STREET AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name J. P. ABADIE Street Address (P.O. Box Number is Not Acceptable) 5944 CORAL RIDGE DRIVE # 205 City CORAL SPRINGS FL Zip Code 33076		
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 <u><i>[Signature]</i></u> DATE 4-22-2005					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUNOZ, FERMIN E TURNBERRY PLAZA, STE. 801 AVENTURA, FL 33180			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARREIRA, RUBEN O TURNBERRY PLAZA, STE. 801 AVENTURA, FL 33180			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COIRA, CARLOS A TURNBERRY PLAZA, STE. 801 AVENTURA, FL 33180			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE PALO, YOLANDA TURNBERRY PLAZA, STE. 801 AVENTURA, FL 33180			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: <u><i>[Signature]</i></u> YOLANDA DE PALO				Date 4-22-2005 Daytime Phone # 954 726 8866	