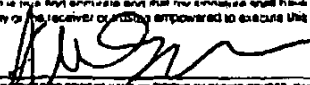


FILED
Jul 11, 2005 8:00 am
Secretary of State

05-06-2005 90031 025 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000005848			
1. Entity Name 48 CORAL, LLC			
Principal Place of Business 106240 OVERSEAS HIGHWAY KEY LARGO, FL 33037		Mailing Address 106240 OVERSEAS HIGHWAY KEY LARGO, FL 33037	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0077469		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHEU, CASEY 106240 OVERSEAS HIGHWAY KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: Treasurer or other officer of registered agent and fee if applicable. (0011) Registered agent's signature required upon reappointment. (0012)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 furnished on this report is true and accurate and that the filerized agent has the right to file this report as it relates to the entity. I am a managing member or manager of the limited liability company or its receiver or assignee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		04/26/05	
SIGNATURE AND TITLE OF PERSON PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	