

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/9/2

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90008 038 \*\*\*\*50.00

<b>DOCUMENT # L04000012874</b>						
<b>1. Entity Name</b> CORAL BAY CENTER, LLC						
<b>Principal Place of Business</b> 6300 N.E. 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> 6300 N.E. 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334			
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		04202006 Chg-LLC CR2E083 (11/05)		
<b>4. FEI Number</b> 04-3785876				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>						
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2008</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGRM ROSCHMAN, JOHN A TRUSTEE 6300 N.E. 1ST AVENUE, 3RD FLOOR FORT LAUDERDALE, FL 33334			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
MANAGING MEMBER T.L.C. & V. REAL ESTATE LP 6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE FL 33334				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>						
<b>SIGNATURE:</b> _____ <i>Robert Roschman</i> <b>4/24/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						

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