

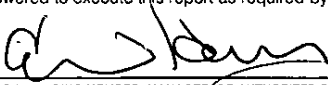


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90294 038 \*\*\*\*55.00

<b>DOCUMENT # L04000020166</b> 1. Entity Name <b>CORAL GATE APTS, LLC</b>																			
Principal Place of Business <b>14600 SW 136TH ST MIAMI, FL 33186</b>			Mailing Address <b>14600 SW 136TH ST MIAMI, FL 33186</b>																
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40041263</b> 															
City & State  Zip      Country		City & State  Zip      Country		03092005    Chg-LLC    CR2E083 (10/03)															
4. FEI Number <b>20-0875419</b>				Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>HARRIS, ELLIOTT 111 SW 3RD ST, 6TH FLOOR MIAMI, FL 33130</b>															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <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 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:80%; padding: 2px;"> <input type="checkbox"/> Delete       </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:80%; padding: 2px;"> <b>MGMR GCC, LLC 14600 SW 136 Street Miami, Florida 33186</b> <input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition       </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR GCC, LLC 14600 SW 136 Street Miami, Florida 33186</b> <input type="checkbox"/> Change <input checked="" 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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR GCC, LLC 14600 SW 136 Street Miami, Florida 33186</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																		
<b>SIGNATURE: Elliott Harris</b> 				<b>March 25, 2005 (305) 3580146</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>															