


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 002 ***138.75

DOCUMENT # L04000028866

1. Entity Name
 CORAL TRACE HOMEBUILDERS, LLC



Principal Place of Business Mailing Address
 3696 N. FEDERAL HIGHWAY, SUITE 203 3696 N. FEDERAL HIGHWAY, SUITE 203
 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308

50004819

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1400 E. Oakland Park Blvd 1400 E. Oakland Park Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 103 Suite 103

City & State City & State
 Fort Lauderdale, FL Fort Lauderdale, FL
 Zip Country Zip Country
 33334 U.S.A. 33334 U.S.A.



03212008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
 PIOTRKOWSKI, JOEL S ESQUIRE
 317 - 71ST STREET
 MIAMI BEACH, FL 33141

4. FEI Number Applied For
 27-0087973 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFSKY, STANLEY 17776 VILLA CLUB WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, MARK 3294 LAKEVIEW OAKS DR LONGWOOD, FL 32779 <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	MGRM MARKOFSKY, STANLEY 1400 East Oakland Park Blvd., #103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/15/08 954-567-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Stanley Markofsky, managing member