

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
**3696 N. FEDERAL HIGHWAY, SUITE 203
FT. LAUDERDALE, FL 33308**

Mailing Address
**3696 N. FEDERAL HIGHWAY, SUITE 203
FT. LAUDERDALE, FL 33308**

50004819



2. Principal Place of Business - No P.O. Box #
1400 E. Oakland Park Blvd

3. Mailing Address
1400 E. Oakland Park Blvd.

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

03212008 Chg-LLC CR2E083 (12/06)

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
27-0087973

Applied For
Not Applicable

Zip
33334

Country
U.S.A.

Zip
33334

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIOTRKOWSKI, JOEL S ESQUIRE
317 - 71ST STREET
MIAMI BEACH, FL 33141**

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, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARKOFSKY, STANLEY
17776 VILLA CLUB WAY
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARKOFSKY, STANLEY
1400 East Oakland Park Blvd., #103
FORT LAUDERDALE, FL 33334** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ACKERMAN, MARK
3294 LAKEVIEW OAKS DR
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stanley Markofsky, managing member

4/15/08 954-567-5161

0-218

Daytime Phone #