2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED WHE OF SIGNING MANAGING MEMBER, MANAGER,

Mar 02, 2005 8:00 am **Secretary of State** DOCUMENT # L04000029301 1. Entity Name 03-02-2005 90016 044 ****55.00 CORAL CAPITAL, L.L.C. Principal Place of Business Mailing Address 12677 N.W. 17TH PLACE CORAL SPRINGS FL 33071 12677 N.W. 17TH PLACE CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 1792 BAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) POMPINO BEACH City & State Applied For 4. FE! Number Not Applicable 20-1031321 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINBERG, STEVEN A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG, & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MORM MGRM TITLE TITLE 🛣 Change ☐ Addition DESIMONE, MICHAEL De Simone, Michael NAME NAME STREET ADDRESS 12677 N.W. 17TH PLACE STREET ADDRESS 1792 BM DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Pompanio Beach, FL 33062 TITLE ☐ Delete mer Change X Addition NAME NAME De Simone, Anthony STREET ADDRESS STREET ADDRESS 1792 BAY DRIVE CITY-ST-ZIP CITY-ST-7IP Pomphuo Berch FL ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at a limited liability company or the rec water 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 ror frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED