

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 045 ****55.00

DOCUMENT # L04000034239

1. Entity Name

CORAL DEVELOPMENT, L.L.C.



Principal Place of Business

12677 N.W. 17TH PLACE
CORAL SPRINGS FL 33071

Mailing Address

12677 N.W. 17TH PLACE
CORAL SPRINGS FL 33071

2. Principal Place of Business

1792 BAY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1792 BAY DRIVE
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

20-1115023

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQ
C/O FRANK, WEINBERG & BLACK, P.L.
7805 S.W. 6TH COURT
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DESIMONE, MICHAEL
STREET ADDRESS 12677 N.W. 17TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME De Simone, Michael
STREET ADDRESS 1792 BAY DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE MGR
NAME De Simone, Anthony
STREET ADDRESS 1792 BAY DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

ANTHONY DE SIMONE

2/24/05

954-943-1906

Daytime Phone #