

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 037 \*\*\*138.75

<b>DOCUMENT # L04000034239</b>					
<b>1. Entity Name</b> CORAL DEVELOPMENT, L.L.C.					
<b>Principal Place of Business</b> 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069    US			<b>Mailing Address</b> 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 6462 NW 63RD WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6462 NW 63RD WAY Suite, Apt. #, etc.			
<b>City &amp; State</b> PARKLAND FL		<b>City &amp; State</b> PARKLAND FL		<b>4. FEI Number</b> 20-1115023	
<b>Zip</b> 33067-1516		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WEINBERG, STEVEN A ESQ C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.)</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DESIMONE, MICHAEL 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6462 NW 63RD WAY PARKLAND FL 33067-1516	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-29-08    974 6093845 <small>Date    Daytime Phone #</small>		