### 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### **DOCUMENT # L04000051319**

1. Entity Name

CORAL TRACE OFFICE PARK, L.L.C.



**FILED** Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020

Mailing Address

1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020



## DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1350263

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

8. Name and Address of Current Registered Agent

BENENSON, ALAN 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020

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3. 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. 1 am familiar with, and accept the obligations of registered agent.

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

(NOTE, Registered Agent eignature required when reinstahing)

Filing Fee is \$50.00 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS					
TALE	MGRM				
NAME	BENENSON, ALAN				
STREET AODRESS	1930 HARRISON ST, #502				
CITY-ST-ZIP	HOLLYWOOD, FL 33020			_	
TITCE	MGRM .				
NAME	SHER, MICHAEL		•	_	
STREET ADDRESS	1930 HARRISON ST #502	•		-	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	· —	-		
DILE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
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BILE					
NAME					
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CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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# DO NOT WRITE IN THIS SPACE

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.

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