

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT



FILED

2006 OCT 31 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L04000051319 1. Entity Name CORAL TRACE OFFICE PARK, L.L.C.				Principal Place of Business 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020		Mailing Address 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address		10232006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-1350263			
City & State		City & State		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENENSON, ALAN 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$50.00			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENENSON, ALAN 1930 HARRISON ST, #502 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MAS MANAGEMENT - CORAL TRACE, LLC A FLORIDA LIMITED LIABILITY LIABILITY COMPANY 1930 HARRISON STREET, SUITE 502 HOLLYWOOD, FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHER, MICHAEL 1930 HARRISON ST #502 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081387502 10/31/06--01051--002 **50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.							
MAS-MANAGEMENT - CORAL TRACE, LLC by MAS DEVELOPMENT CORP., A FLORIDA CORPORATION							
SIGNATURE:		Pres.		10/28/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 951-927-2717			