


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L04000056976

1. Entity Name
CORAL REEF LAND INVESTMENTS, LLC




Principal Place of Business: 1500 SAN REMO AVE., SUITE 125, CORAL GABLES, FL 33146
 Mailing Address: 1500 SAN REMO AVE., SUITE 125, CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-1499798
 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., SUITE 125
 CORAL GABLES, FL 33146

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: *Amato Padula* DATE: **4/15/08**

Signature, type, print, or typed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CERES, INC.	
STREET ADDRESS	145 GRAND AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZEINER, CAOL	
STREET ADDRESS	166 HARBOR DR #7.	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NOTO, KENNETH K	
STREET ADDRESS	1111 CRANGON BLVD #C-70	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STAMEN, ROBERT & FLETA	
STREET ADDRESS	3078 AWATSON AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BADDOUR, FRED & ANNETTE	
STREET ADDRESS	6490 SW 122 ST	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

00000907461
 05/05/08-80039-009 143.75

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: *Amato Padula* DATE: **4/15/08** DAYTIME PHONE: **305 447-9777**

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