## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064888

1. Entity Name

CORAL PLAZA ASSISTED LIVING, LLC



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business.

Mailing Address

2979 PGA BOULEVARD

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PALM BEACH GARDENS, FL 33410 US

2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 US



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-1865045

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00 Due by May 1, 2006 U00000542946 05/10/06-80118-013 50.00

9. MANAGING MEMBERS/MANAGERS MGRM TITLE CORAL PARKE HOLDINGS, LLC NAME STREET ADDRESS 2979 PGA BOULEVARD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CITY ST ZIP THE MAME STREET ADDRESS CITY ST-ZEP HILE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

ID TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Day

Daytime Phone #