## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000064891

1. Entry Name CORAL PARKE HOLDINGS, 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

PALM BEACH GARDENS, FL 33410 U



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1565660

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

U00000542942 05/10/06-80118-012 50.00

| 9.   | MANAGING MEMBERS/MANAGERS     |
|--|-------------------------------|
| TULE   | MGRM                          |
| NAME   | HOME QUALITY MANAGEMENT, INC. |
| STREET ADDRESS   | 2979 PGA BOULEVARD            |
| CITY-ST-ZIP  | PALM BEACH GARDENS, FL 33410  |
| TITLE  |                               |
| NAME   |                               |
| STREET ADDRESS   |                               |
| CITY ST-ZIP  |                               |
| tit ( f  |                               |
| NAME   |                               |
| STREET ADDRESS   |                               |
| CITY-ST-ZEP  |                               |
| TALE   |                               |
| NAME   |                               |
| STREET ADDRESS   |                               |
| CITY-ST-ZIP  |                               |
| TITLE  |                               |
| NAME   |                               |
| STREET ADDRESS   |                               |
| CITY+ST-ZIP  |                               |
| ME   |                               |
| NAME   |                               |
| STREET ADDRESS   |                               |
| City+ST-ZiP  |                               |
| 11. I hereby certify that the information supplied with this filing does not qualify for the |                               |

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:

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

212106 364627

Daytime Phone #