

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 041 ****50.00

DOCUMENT # L04000072487

1. Entity Name
THE MILE AT CORAL WAY, LLC



Principal Place of Business
**2601 S. BAYSHORE DRIVE
SUITE 200
COCONUT GROVE, FL 33133**

Mailing Address
**2601 S. BAYSHORE DRIVE
SUITE 200
COCONUT GROVE, FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1973681

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVILA, EDUARDO
2601 S BAYSHORE DR # 200
COCONUT GROVE, FL 33133**

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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
AVILA, EDUARDO
2601 S. BAYSHORE DRIVE, SUITE 200
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SIMON ABEL GROLL
3201 NE 183 ST #2801
AVENTURA, FL 33160** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EDUARDO RUBIN
2601 S. BAYSHORE DR, STE 200
COCONUT GROVE, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
VICTOR KIPERMAN
2601 S. BAYSHORE DR, STE 200
COCONUT GROVE, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

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

EDUARDO AVILA

3/29/06

305-857-0400

Date

Daytime Phone #