## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000073895

1. Entity Name

BSSS CORAL WAY, LLC



Principal Place of Business

3636!QPQJF!EF!MFPQQPVMFVIBSE 6U !ONTPS

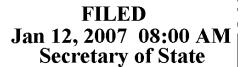
DPSEMI-BONFT-IOM/144245

Mailing Address

3636!QPQDF!EF!MFPQQPVMFVIRSE

6U !CMPPS

DPSEM-BONFT-!GM44245





01052007 No Chg-LLC

CR2E083 (11/05)

4. FE! Number 20-1747748

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 1251 CORAL GABLES, FL 33146

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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)

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGR
	SPRITZER, MICHAEL
STREET ADDRESS	2525 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

U00000584629 01/12/07-80045-005 50.00

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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 profice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE