2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089109

1. Entity Name
CORAL CREEK TWO, LLC

Principal Place of Business	Mailing Address
7606 WEST SAND LAKE ROAD ORLANDO, FL 32819 US	7606 WEST SAND LAKE ROAD ORLANDO, FL 32819 US

03132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1980584
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TREML, MICHAEL L
7606 WEST SAND LAKE ROAD
ORLANDO, FL 32819

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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 _____ DATE
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLEETING, ROBERT
STREET ADDRESS	9600 KOGER BOULEVARD SUITE 105
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	CHADWICK, HARRY
STREET ADDRESS	9600 KOGER BOULEVARD SUITE 105
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	HANSEN, THOMAS
STREET ADDRESS	9600 KOGER BOULEVARD SUITE 105
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80013-013 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael K Treml 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #