

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093227

Entity Name: 1414 CORAL WAY, LLC

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

C/O 1200 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O 1200 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-2177870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GAVIRIA, DANIEL
Address: 260 CRANDON BLVD., #32
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGRM () Delete
Name: LORENTE, ANASTASIO
Address: 260 CRANDON BLVD., #32
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGRM () Delete
Name: AGI HOLDINGS, LLC,
Address: C/O 1200 BRICKELL AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL GAVIRIA

MGRM

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date