


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000007090</b> 1. Entity Name 2134 CORAL POINT, LLC	
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Principal Place of Business 3200 EAGLE DRIVE VERO BEACH, FL 32963	Mailing Address 3200 EAGLE DRIVE VERO BEACH, FL 32963
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03182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1157797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  DALY, TOM JR 3200 EAGLE DRIVE VERO BEACH, FL 32963
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<b>DO NOT WRITE IN THIS SPACE</b>
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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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000950733  
06/04/08-80004-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, MARTHA 1333 N KINGSBURY #101 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLTZ, WILLIAM C 1660 N ORCHARD STREET CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUKULINSKI, MICHAEL 33 WEST CHICAGO AVENUE OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALY, TOM JR 3200 EAGLE DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **4/28/08** **777-241-035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #