

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026425

FILED
Apr 14, 2009
Secretary of State

Entity Name: CORAL BAY VILLAGE, L.L.C.

Current Principal Place of Business:

607 SE 13TH PL
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1320 WEST ABINGTON CAMBS
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 20-2585479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLINGS, HARVEY
1633 S.E. 47TH TERRACE
CAPE CORAL, FL 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/MANAGERS:

Title: MGR () Delete
Name: CIRRINCIONE, THOMAS
Address: 1320 WEST ABINGTON CAMBS
City-St-Zip: LAKE FOREST, IL 60045

Title: MGR () Delete
Name: CIRRINCIONE, ROSE
Address: 4656 OZANAM ROAD
City-St-Zip: NORRIDGE, IL 60656

Title: MGR () Delete
Name: CIRRINCIONE, SALVATORE
Address: 2416 ESTES STREET
City-St-Zip: ELK GROVE VILLAGE, IL 60656

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 exemption stated in Chapter 119, 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: THOMAS CIRRINCIONE

MGR

04/14/2009

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