

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060085

Entity Name: 233 CORAL LANE, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

625 N. FLAGLER DRIVE
SUITE 675
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

625 N. FLAGLER DRIVE
SUITE 675
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3017500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZISKA, MAURA A
222 LAKEVIEW AVENUE
SUITE 950
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

POLI, DIANE G
625 NORTH FLAGLER DR
SUITE 675
WEST PALM BEACH, FL 33401 US

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: DIANE GIBBS POLI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WITTMANN, PAUL
Address: 625 FLAGLER DRIVE, SUITE 675
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: FINLEY, LYLE
Address: 625 N. FLAGLER DRIVE, SUITE 675
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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 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: PAUL WITTMANN

MR

05/01/2006

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