


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 025 ***138.75

DOCUMENT # L05000073222 1. Entity Name NELSON CORAL MANAGEMENT, LLC					
Principal Place of Business 7229 MAIDA LANE FORT MYERS, FL 33908			Mailing Address 7229 MAIDA LANE FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07102008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-2280459				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 PROPERTY COUNSELORS MANAGEMENT GROUP, LLC 7680 CAMBRIDGE MANOR PLACE STE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name <i>Property Counselors Management Group</i> Street Address (P.O. Box Number is Not Acceptable) <i>12031 Westlinks Dr. Suite 7</i> City <i>FT. MYERS</i> FL Zip Code <i>33913</i>		
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 <i>Terry Wayland</i> 7-18-08 <small>Signature based on printed name of registered agent and title is acceptable. (NOTE: Registered agent signature required when reappointing.)</small> DATE					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR NELSON, KIM M 7229 MAIDA LANE FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kim M. Nelson MGR</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7-14-08 <small>Date</small>		743-441-4962 <small>Daytime Phone #</small>