

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074959

FILED
Mar 16, 2006
Secretary of State

Entity Name: COORDINATING D'S WAY, LLC

Current Principal Place of Business:

12300 NW 13TH AVENUE
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

12300 NW 13TH AVENUE
MIAMI, FL 33167 US

New Mailing Address:

1031 IVES DAIRY ROAD
SUITE 228
MIAMI, FL 33179 US

FEI Number: 20-4367076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNIE, SEANDRA M
2262 NW 104RD STREET
MIAMI, FL 33147 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: BANNERMAN, DEATRICE K
Address: 12300 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33167 US

Title: MGRM () Delete
Name: REYNOLDS, PAUL A JR.
Address: 2611 SUNSHINE BLVD.
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGRM (X) Delete
Name: SMITH, DESIREE F
Address: 13731 JACKSON STREET
City-St-Zip: MIAMI, FL 33176 US

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 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: DEATRICE BANNERMAN

MGR

03/16/2006

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