

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077844

Entity Name: CORAL WAY LIVING, LLC

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

637 SW 3RD STREET, SUITE 305
MIAMI, FL 33130

New Principal Place of Business:

637 SW 3RD STREET,
SUITE 305
MIAMI, FL 33130

Current Mailing Address:

637 SW 3RD STREET, SUITE 305
MIAMI, FL 33130

New Mailing Address:

637 SW 3RD STREET,
SUITE 305
MIAMI, FL 33130

FEI Number: 30-0336562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO DIEZ, P.A.
80 S.E. 8TH STREET, SUITE 2510
MIAMI, FL 33130 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: MGRM () Delete
Name: RODRIGUEZ, PEDRO
Address: 637 SW 3RD STREET, SUITE 305
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: RODRIGUEZ, ANA A.M.
Address: 637 SW 3RD STREET, SUITE 305
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, PEDRO
Address: 637 SW 3RD ST, SUITE 305
City-St-Zip: MIAMI, FL 33130

Title: MGRM (X) Change () Addition
Name: MARTINEZ, ANA M. R.
Address: 1910 SW 14TH AVE,
City-St-Zip: MIAMI, FL 33145

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: ANA M.R. MARTINEZ

MGRM

02/27/2006

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