

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000086312

1. Entity Name

CORAL KEY INVESTORS, LLC



Principal Place of Business

1666 KENNEDY CAUSEWAY, SUITE 505
NORTH BAY VILLAGE FL 33141

Mailing Address

1666 KENNEDY CAUSEWAY, SUITE 505
NORTH BAY VILLAGE FL 33141



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

20-3460501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
CORAL KEY CONVERSION, LLC
1666 KENNEDY CAUSEWAY, SUITE 505
NORTH BAY VILLAGE FL 33141

☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

U000000662359
03/21/07-80010-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07

(305)

EXT. 103

138-9552

Date

Daytime Phone #