

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 043 ***138.75

60037182



DOCUMENT # L05000121049 1. Entity Name CORAL DEVELOPMENT PALM BEACH LLC					
Principal Place of Business 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069			Mailing Address 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # 6462 NW 63RD WAY		3. Mailing Address 6462 NW 63RD WAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PARKLAND FL		City & State PARKLAND FL			
Zip 33067-1516	Country US	Zip 33067-1516	Country US	4. FEI Number 11-3813775	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ C/O FRANK, WEINBERG & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE SIMONE, MICHAEL MR. 1660 NW 19TH AVENUE POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6462 NW 63RD WAY PARKLAND FL 33067-1516 <input checked="" 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	
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: _____			Date 4-29-08 Daytime Phone # 954 609 3845		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					