

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000278

FILED
Jan 23, 2006
Secretary of State

Entity Name: BANK OF CORAL GABLES, LLC

Current Principal Place of Business:

95 MERRICK WAY, SUITE 106
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY, SUITE 106
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST, TERRY E
95 MERRICK WAY, SUITE 106
CORAL GABLES, FL 33134 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: BEST, TERRY E
Address: 7481 RED BAY PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: BLAIR, JERROLD
Address: 300 SOUTH POINTE DR., APT. 3103
City-St-Zip: MIAMI BEACH, FL 33138

Title: MGR () Delete
Name: DUSSEAU, CHARLES
Address: 7520 SW 72 COURT
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: KASHTAN, MICHAEL A
Address: 3300 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: KERDYK, WILLIAM H JR
Address: 2631 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: LESTER, PAUL A
Address: 201 ALHAMBRA CIR., STE. 601
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: PAUL A. LESTER

MGR

01/23/2006

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