2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000278

Entity Name: BANK OF CORAL GABLES, LLC

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2295 GALIANO STREET CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2295 GALIANO STREET CORAL GABLES, FL 33134 FEI Number: 20-2411732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LESTER, PAUL A LESTER, PAUL A 201 ALHAMBRA CIR. SUITE 601 9400 S DADELAND BLVD CORAL GABLES, FL 33134 STE 600 MIAMI, FL 33156 US 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: 01/27/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BEST. TERRY E Name: Name: 2295 GALIANO STREET Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BLAIR, JERROLD Name: Name: Address: 300 SOUTH POINTE DR., APT. 3103 Address: City-St-Zip: MIAMI BEACH, FL 33138 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DUSSEAU, CHARLES Name: Name: Address: 7455 SW 122 STREET Address: City-St-Zip: PINECREST, FL 33156 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KASHTAN, MICHAEL A Name: Address: 3300 PONCE DE LEON BLVD. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KERDYK, WILLIAM H JR Name: Name: 2631 PONCE DE LEON BLVD. Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: (X) Change () Addition LESTER, PAUL A LESTER, PAUL A Name: Name: Address: 201 ALHAMBRA CIR., STE. 601 Address: 9400 S DADELAND BLVD STE 600 CORAL GABLES, FL 33134 MIAMI, FL 33156 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/27/2009