


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90113 004 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                              |                                                                                                                                                                       |                                                                                        |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000025368</b><br>1. Entity Name<br><b>CORONADO SHORES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                              |                                                                                                                                                                       |       |                                                                                  |
| Principal Place of Business<br><b>248 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                              | Mailing Address<br><b>248 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b>                                                                                           |                                                                                        |                                                                                  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                |                                                                                                                                                                       |                                                                                        |                                                                                  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  | City & State<br><br>Zip      Country                                         |                                                                                                                                                                       | 4. FEI Number <b>11-3773097</b><br>Applied For <input type="checkbox"/> Not Applicable |                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                              |                                                                                                                                                                       | 04192007    Chg-LLC    CR2E083 (12/06)                                                 |                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>CROTTY, KATHLEEN L<br/>1800 W. INTERNATIONAL SPEEDWAY BLVD.<br/>BUILDING 2, SUITE 201<br/>DAYTONA BEACH, FL</b>                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                              | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating.)</small>                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                              |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | <b>Make check payable to<br/>Florida Department of State</b>                 |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                          |                                                                                        |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR<br/>WILSON, JAY<br/>248 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b> | <input type="checkbox"/> Delete                                              |                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <b>MGR<br/>LLOYD, JOHN<br/>248 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b> |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | <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. |                                                                                  |                                                                              |                                                                                                                                                                       |                                                                                        |                                                                                  |
| <b>SIGNATURE:</b> <i>JAY WILSON</i> <b>JAY WILSON</b> <b>4-19-07</b> <b>386-427-4514</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                          |                                                                                  |                                                                              |                                                                                                                                                                       |                                                                                        |                                                                                  |