

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000043510

1. Entity Name
CORAL WAY ENTRANCE, LLC.



Principal Place of Business
10 N.W. 42ND. AVE.,
SUITE 700
MIAMI, FL 33126

Mailing Address
10 N.W. 42ND. AVE.,
SUITE 700
MIAMI, FL 33126

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

3. Mailing Address

3530 SW 22ND ST.

Suite, Apt. #, etc.

SUITE 916

City & State

MIAMI, FLORIDA

3530 SW 22ND ST.

Suite, Apt. #, etc.

SUITE 916

City & State

MIAMI, FLORIDA

Zip

33145

Country

USA

Zip

33145

Country

USA

6. Name and Address of Current Registered Agent

PUIG, ENRIQUE
10 NW 42ND. AVE.,
SUITE 700
MIAMI, FL 33126

Name

PUIG, ENRIQUE

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

3530 SW 22ND ST. SUITE 916

City

MIAMI

FL

Zip Code
33145

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

04-09-08

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	MGR MOURIZ, MIGUEL A 10 NW 42ND. AVE., SUITE 700 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURIZ, MIGUEL A 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145	<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
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:

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

04-09-08 (005) 5671577
Date Daytime Phone #