


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 031 ***138.75

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
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2. Principal Place of Business - No P.O. Box # 3530 SW 22ND ST.	3. Mailing Address 3530 SW 22ND ST.
Suite, Apt. #, etc. SUITE 916	Suite, Apt. #, etc. SUITE 916

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33145	Country USA

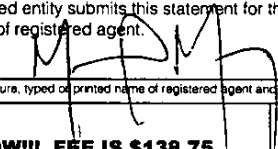
03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4760564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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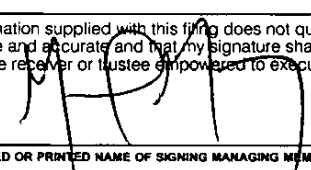
6. Name and Address of Current Registered Agent PUIG, ENRIQUE 10 NW 42ND. AVE., SUITE 700 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name PUIG, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 3530 SW 22ND ST. SUITE 916 City MIAMI FL Zip Code 33145	
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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 	DATE 04-09-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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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 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 04-09-08 (2008) 0671577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	