

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90028 044 ***138.75

DOCUMENT # L06000056565					
1. Entity Name CORAL DEVELOPMENT OF FORT MYERS, LLC					
Principal Place of Business 1660 NW 19TH AVE. POMPANO BEACH, FL 33069			Mailing Address 1660 NW 19TH AVE. POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # 6462 NW 63RD WAY Suite, Apt. #, etc.		3. Mailing Address 6462 NW 63RD WAY Suite, Apt. #, etc.			
City & State PARKLAND FL		City & State PARKLAND FL		4. FEI Number APPLIED FOR 06-1787896	
Zip 33067-1516		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ 7805 SW 6TH COURT PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____					
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 DESIMONE, MICHAEL 1660 NW 19TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6462 NW 63RD WAY PARKLAND FL 33067-1516	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESIMONE, ANTHONY 1660 NW 19TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6462 NW 63RD WAY PARKLAND FL 33067-1516	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:			4-29-08 954 6093845		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

30008667



04242008 Chg-LLC CR2E083 (12/06)