

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058396

Entity Name: CORAL BAY, LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

18377 SW 154 STREET
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

18377 SW 154 STREET
MIAMI, FL 33187

New Mailing Address:

FEI Number: 86-1169380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORTE, TONY
18377 SW 154 STREET
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTE, TONY
Address: 18377 SW 154 STREET
City-St-Zip: MIAMI, FL 33187

Title: MGRM () Delete
Name: GHAFIR, MAHER
Address: 9811 W. CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: MANSO, HECTOR
Address: 15024 SW 147 STREET
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: RASHID, ABDUL
Address: 158 E 15 STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TONY FORTE

MGRM

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date