2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000091584						FILED		
1. Entity Name					08 DEC -5 AN 10: 46			
1790 CORAL WAY, LLC					00	DEC -5 A	110:40	
					UO	000	A-150	
<u> </u>					-00		31111	
Principal Place of Business Mailing Address					TA1		F. F. Diversion	
4535 PONCE DE LEON BLVD. 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146					1131	L. 11		
CORAL GABLES, FL 33146 CORAL GABLES, FL 33146					1			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
1790 CORAL WAY					-			
Suite, Apt. #, etc. Suite, Apt. #, etc.					01212008	Chg-LLC	CR2E083 (	12/06)
					4. FEI Numb	MAT		Applied For
City & State: City & State					20-589			Not Applicable
Zip	Zip	Zip Country			5. Certificate of Status Desired S5.00 Additional			
3314							F-00	Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PADRON, CARLOS E ESQ.				Name				
	BRA PLAZA, STE. 860			Street Address	(P.O. Box Numb	er-is Not Acceptable	3)	
CORAL G	ABLES, FL 33134			<del></del>				
				City	-		FL	Zip Code
	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. Tam (amil	lar with, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and the 8 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
<b>}</b>	Signature, typed or printed name of registered agent ar	TO 1139 II ADDRICADAS. (NO.1)	:: Hegistere	a võeut tiläustus reduse	a wies (energing)		DATE	
<b>.</b>						88-1-	e check payal	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					o Check paya o Department		
9.	MANAGING MEMBER	IC (MANIAGERS	10.			ADDITIONS/	CHANGES	
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