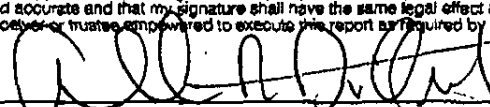


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000098525					
1. Entity Name CORAL LAND HOLDINGS, LLC					
Principal Place of Business 247 NORTH COLLIER BOULEVARD #202 MARCO ISLAND, FL 34145			Mailing Address 247 NORTH COLLIER BOULEVARD #202 MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5882447	
				Applied For Not Applicable	
5. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ. 247 NORTH COLLIER BOULEVARD #202 MARCO ISLAND, FL 34145				6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent				8. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				Zip Code	
FL					
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 reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUQUET, ALLEN R		NAME	U000000882947	
STREET ADDRESS	247 NORTH COLLIER BOULEVARD, SUITE 202		STREET ADDRESS	04/16/08-80057-019 138.75	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			3-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		