2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 05, 2008 8:00 am Secretary of State

8/1

1. Entity Name	MENT # L06000112 ATERS, LLC.	716 -	-					2008 9002		
Principal Place of 7229 MAIDA L. FORT MYERS, I	ane	Mailing Address 7229 MAIDA LANE FORT MYERS, FL 33908				JUULLA				
	ce of Business - No P.O. Box #	3. Mailing Address 12-31 WESTLINKS PR Suite, Apt. #, etc.							***** 15041 8275 0	
Suite, Apt. #.	erc.	SOATE 7 City & State				102008 El Numbe	Chg-LLC	CR2E	083 (12/06)	pplied For
Zip Country		FORT MYTH	e a	3	APPLIE	D FOR/ZC		585 N \$5.00 Ad	ot Applicable	
	8. Name and Address of Current	33913		S A			of Status Desire		Fee Require	
7680 CAMB STE 101	COUNSELORS MANAGEM RIDGE MANOR PLACE RS, FL 33907	ENT-GROUP LLC			ss (P.QJe <u>ا دب ا</u>	Sox Numbe	DS BURLS er is Not Accept DES	table)	Zip Coo	CLOOP, C
the obligation	amed entity submits this statement for sof registered apent.	Das agon	1 7	ELLY	Jay Jay	ent, or both		10 - 0		and accept
FILE Due t	NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with				ted		Make check rida Departn		•
9.	MANAGING MEMBE		10.				ADOITIO	INS/CHANGE		
NAME I STREET ADDRESS	MGR NELSON, KIM M 7229 MAIDA LANE FORT MYERS, FL 33908	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		• • • • • • • • • • • • • • • • • • • •						☐ Change	Addition
TITLE NAME STREET ACORESS CITY-ST-ZIP		☐ Celete	TITLI NAM STRE						☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL! NAM STRE						Change	☐ Addition
indicated o	erify that the information supplied with in this report is true and accurate and lity company or the receiver or truster.	that my signature shall have	the same	e legal effect es	il made u	inder oath	that I am a ma	anaging memb	fy that the info er or manage	er of the

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

MFMI

Date of this notice: 12-20-2007

Employer Identification Number: 26-1605585

Form: SS-4

Number of this notice: CP 575 E

CORAL WATERS LLC % NELSON CORAL APARTMENTS LLLP SOLE 7229 MAIDA LN FORT MYERS, FL 33908

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE -STUB-AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-1605585. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023, Application for Recognition of Exemption, and send it to:

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

Publication 557, Tax-Exempt Status for Your Organization, is available at most IRS offices or you can download this publication from our website at www.irs.gov. This publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

(IRS USE ONLY)

575R TACHMENT 12-20-2007 CORA O 9999999999 SS-4

#C0600011276

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-20-2007 () - EMPLOYER IDENTIFICATION NUMBER:

DATE OF THIS NOTICE: 12-20-2007 EMPLOYER IDENTIFICATION NUMBER: 26-1605585 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

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