


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 027 ***138.75

DOCUMENT # L06000142723 1. Entity Name CORAL ROCK, LLC.					
Principal Place of Business 7229 MAIDA LANE FORT MYERS, FL 33908			Mailing Address 7229 MAIDA LANE FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 12631 WESTLINKS DR. SUITE 7			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 20-3121921	
Zip 33913		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY COUNSELORS MANAGEMENT GROUP, LLC 7680 CAMBRIDGE MANOR PLACE STE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name PROPERTY COUNSELORS MANAGEMENT GROUP, LLC Street Address (P.O. Box Number is Not Acceptable) 12631 WESTLINKS DR., STE 7 City Fort Myers FL Zip Code 33913	
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 <i>Terry Wayland</i> As Agent Terry Wayland 7-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME NELSON, KIM M STREET ADDRESS 7229 MAIDA LANE CITY-ST-ZIP FORT MYERS, FL 33908				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Terry Wayland</i> Terry Wayland 7-10-08 239-275-8320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					