

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 026 *****55.00

DOCUMENT # L07000000024

1. Entity Name

CORONADO LAND VENTURE, LLC



Principal Place of Business

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708

Mailing Address

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708



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

20-8133938

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

GIULIANO, VINCENZO
5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

VINCENZO GIULIANO

(NOTE: Registered Agent signature required when reinstating)

2-28-2007

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GIULIANO, VINCENZO
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE MGR ☐ Delete
NAME GIULIANO, CONCETTA
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE MGR ☐ Delete
NAME GIULIANO, RAFFAELE
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Vincenzo Giuliano

VINCENZO GIULIANO

2-28-07

4076990282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #