

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90094 011 ***143.75

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01252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000052534					
1. Entity Name CORAL PARKING, LLC					
Principal Place of Business 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160			Mailing Address 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160		
2. Principal Place of Business - No P.O. Box # 14 NE 1ST AVENUE		3. Mailing Address 170 NE FIRST STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI, FL		4. FEI Number	
Zip 33132		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, JAY D 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160			7. Name and Address of New Registered Agent		
			Name MICHAEL MEYERS		
			Street Address (P.O. Box Number is Not Acceptable)		
			170 NE FIRST STREET		
			City MIAMI		FL
			Zip Code 33132		
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		MICHAEL MEYERS Member 1/24/08			
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYERS, MICHAEL A 170 N.E. FIRST AVENUE MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Member 1/24/08 305-358-7275					