


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 ^{5/}

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-01-2008 90020 042 ***143.75

DOCUMENT # L07000087082

1. Entity Name
CORAL GABLES HOLDINGS II, L.L.C.



Principal Place of Business Mailing Address
7060 S.W. 8TH STREET **7060 S.W. 8TH STREET**
MIAMI FL 33144 **MIAMI FL 33144**

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: **26-0798794** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/07)



6. Name and Address of Current Registered Agent

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE 418
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

B. 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: _____ DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

B. MANAGING MEMBERS / MANAGERS				D. ADDITIONS / CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ADMINISTRATOR						
	JOHN H. SCHEINER	7060 S.W. 8th Street	MIAMI FL 33144				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 11K, 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: John H. Scheiner 4-11-08 John H. Scheiner

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