

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # M00000001738

1. Entity Name

CORAL CREEK LIMITED LIABILITY COMPANY



FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90128 036 ***138.75

Principal Place of Business

**270 GILCHRIST AVE.
POB 1369
BOCA GRANDE FL 33921**

Mailing Address

**P.O. BOX 1369
BOCA GRANDE FL 33921**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE - CR2E083 (10/07)

4. FEI Number

36-4387236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGNERY, WILLIAM H II
270 GILCHRIST AVE.
POB 1369
BOCA GRANDE FL 33921**

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

By which, typed or printed name of registered agent and the fee is paid.

By which, typed or printed name of registered agent and the fee is paid.

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 ☐ Delete
**MGRM
REGNERY, WILLIAM H
270 GILCHRIST AVE., POB 1369
BOCA GRANDE FL 33921**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 600, Florida Statutes.

SIGNATURE:

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

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