


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 010 ****50.00

DOCUMENT # M03000000733 1. Entity Name BROOKWOOD CORAL GABLES CO., LLC					
Principal Place of Business 50 DUNHAM RD. BEVERLY, MA 01915			Mailing Address 50 DUNHAM RD. BEVERLY, MA 01915		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3453568	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TANEN, JEFFREY S ESQ. ONE BISCAYNE TOWER, SUITE 3250 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRKLA, THOMAS N 55 TOZER ROAD BEVERLY, MA 01915	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Dunham Rd Beverly MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, THOMAS W 55 TOZER ROAD BEVERLY, MA 01915	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Dunham Rd Beverly MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAEL, JOEL 55 TOZER ROAD BEVERLY, MA 01915	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1350 Avenue of the Americas Suite 1910 New York NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas N. Trkla</u> Thomas N. Trkla <u>4/19/05</u> <u>978-927-8300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					