



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90028 033 ****55.00

DOCUMENT # M05000000156 1. Entity Name CORONADO INVESTMENTS, LLC					
Principal Place of Business 15 NE LOFTING WAY STUART, FL 34996			Mailing Address 15 NE LOFTING WAY STUART, FL 34996		
2. Principal Place of Business 524 Camden Ave., Apt. #4 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 524 Camden Ave., Apt. #4 <small>Suite, Apt. #, etc.</small>			
City & State Stuart, FL		City & State Stuart FL		4. FEI Number 04-3539034	
Zip 34994		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LESHER, JAMES E 15 NE LOFTING WAY STUART, FL 34996		7. Name and Address of New Registered Agent Name JAMES E. LESHER Street Address (P.O. Box Number is Not Acceptable) 524 Camden Ave., Apt. #4 City Stuart FL Zip Code 34994			
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 <u><i>James E. Lesh</i></u> DATE <u>3/7/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESHER, JAMES 15 NE LOFTING WAY STUART, FL 34996	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYLE, GREG 705 PALOMAR AIRPORT RD #350 CARLSBAD, CA 92009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTLE, MITCH 705 PALOMAR AIRPORT RD #350 CARLSBAD, CA 92009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROVELL, ARNE 705 PALOMAR AIRPORT RD #350 CARLSBAD, CA 92009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENTLEY, ALEX 40 BROAD STREET, 3RD FLOOR BOSTON, MA 02109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Arne Rovell</i></u> DATE <u>3/7/06</u> DAYTIME PHONE # <u>760-804 6950 x.204</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					