


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000000156 1. Entity Name CORONADO INVESTMENTS, LLC	
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Principal Place of Business 541 SW ST. LUCIE CRESCENT STUART, FL 34994	Mailing Address 705 PALOMAR AIRPORT ROAD SUITE 350 CARLSBAD, CA 92011
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01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3539034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LESHER, JAMES E 541 SW ST. LUCIE CRESCENT STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____
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

000000925592
05/20/08-80031-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESHER, JAMES 541 SW ST. LUCIE CRESCENT STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTLE, MITCHELL S 705 PALOMAR AIRPORT RD #350 CARLSBAD, CA 92011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROVELL, ARNE R 705 PALOMAR AIRPORT RD #350 CARLSBAD, CA 92011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENTLEY, ALEXANDER T 2400 BROADWAY, STE. 2200 SANTA MONICA, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/24/08
Date

772 287 6095
Daytime Phone #