

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006569

Entity Name: MF CORAL COVE, LLC

FILED
Jun 13, 2007
Secretary of State

Current Principal Place of Business:

13860 BALLANTYNE CORPORATE PLACE, STE 130
CHARLOTTE, NC 28277

New Principal Place of Business:

13860 BALLANTYNE CORPORATE PLACE
SUITE 130
CHARLOTTE, NC 28277 US

Current Mailing Address:

13860 BALLANTYNE CORPORATE PLACE, STE 130
CHARLOTTE, NC 28277

New Mailing Address:

13860 BALLANTYNE CORPORATE PLACE
SUITE 130
CHARLOTTE, NC 28277 US

FEI Number: 20-5937405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARKINS, WILLIAM
Address: 13860 BALLANTYNE CORPORATE PLACE, STE 130
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETERSON, J. BRETT
Address: 13860 BALLANTYNE CORPORATE PL, STE. 130
City-St-Zip: CHARLOTTE, NC 28277 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J. BRETT PETERSON

MGR

06/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date