
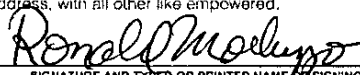


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05000012310 1. Entity Name LHP-CORAL KEY MANAGEMENT INC.				FILED 06 APR 11 PM 3:42	
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 4931 Northeast 27th Terrace Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Lighthouse Point, Florida		City & State			
Zip 33064	Country United States	Zip	Country	4. FEI Number 34-2033445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name SPIEGEL & UTRERA, P.A.	
				Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor	
				City Miami	
				FL	Zip Code 33145
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. SPIEGEL & UTRERA, P.A.					
SIGNATURE By: Natalia Utrera, Vice President <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Ronald Molluzo 4931 Northeast 27th Terrace Lighthouse Point, Florida 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Beth Schotanus 4931 Northeast 27th Terrace Lighthouse Point, Florida 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800072703508 04/28/06--01027--013 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Suzanne Buck 4931 Northeast 27th Terrace Lighthouse Point, Florida 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 4/11/04		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Ronald Molluzo, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ District Phone #: _____					

CR2E034B (12/02)