2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # F92000000767 02-01-2007 90027 035 ***158.75 1. Entity Name REEF MANAGEMENT CO. Principal Place of Business Mailing Address 40000 1551 VIA TUSCANY 1551 VIA TUSCANY WINTER PARK, FL 32789 211 WINTER PARK, FL 32789 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01182007 Chg-P City & State City & State 4. FEI Number Applied For 65-0377206 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENKINS, JILL M Street Address (P.O. Box Number is Not Acceptable) 1551 VIA TUSCANY WINTER PARK, FL 32789 City Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change . TITLE ☐ Delete TITLE ☐ Addition BRYAN, SUSAN 31 OCEAN REEF DR STE. A101 NAME STREET ADDRESS 9 BARRACUDA LANE STREET ADDRESS KEY LARGO, FL 33037 City-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HILMER, WAYNE J NAME NAME 1551 VIA TUSCANY STREET ADDRESS STREET ADDRESS WINTERPARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP SECRETARY. Jill in Jen Kins Addition TITLE Delete TITLE HILMER, WAYNE L NAME NAME 1551 VIA TUSCANY STREET ADDRESS 1551 VIA TUSCANY SINTER PARK FL 32789 STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change TREASURER JILL IN JENKINS 1551 VIA TUSCANY NAME NAME STREET ADDRESS STREET ADDRESS 32789 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attention of the composition of the com

TED NAME OF SIGNING OFFICER OR DIRECT

WAYNE J. HILMER 1/19/07

FILED Feb 01, 2007 8:00 am