## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am **Secretary of State** DOCUMENT # L0100003975 1. Entity Name 01-21-2002 90057 033 \*\*\*\*50.00 CORAL REEF CREATIONS, LLC Principal Place of Business Mailing Address 102900 OVERSEAS HIGHWAY SUITE 5 102900 OVERSEAS HIGHWAY SUITE 5 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *65-10873*15 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNELL RONALD Street Address (P.O. Box Number is Not Acceptable) 102900 OVERSEAS HIGHWAY SUITE 5 KEY LARGO FL 33037 City Zip Code nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) sered agent and title if explicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CR2E083 (9/01) TITLE TITLE RONALD SWELL 102900 OVERSENS HWY, STES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ..... Delste titi e Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TILE IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with the lifting 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.