

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90208 039 ****50.00

DOCUMENT # L01000003975 1. Entity Name CORAL REEF CREATIONS, LLC			
Principal Place of Business 14905 CRANESNEST CT. ORLANDO, FL 32824		Mailing Address 14905 CRANESNEST CT. ORLANDO, FL 32824	
2. Principal Place of Business <i>Coral Reef Creations</i> 14905 CRANESNEST CT. Suite, Apt. #, etc.		3. Mailing Address 405 BAIL CT. Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA Zip 32824 Country		City & State Kissimmee FLA. Zip 34759 Country POLO	
4. FEI Number 65-1087315		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 SNELL, RONALD 14905 CRANESNEST CT. ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Ronald L. Snell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNELL, RONALD L 14905 CRANESNEST CT. ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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: <u><i>Ronald L. Snell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		05-4-05	407-595-3785