2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State 05-20-2005 90208 039 ****50.00

DOCUMENT # L0100003975 1. Entity Name CORAL REEF CREATIONS, LLC							03-20-2003 90208 039 *** 30.00			
Principal Place of Business			Mailing Address				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
14905 CRANESNEST CT. ORŁANDO, FL 32824			14905 CRANESNEST CT. Orlando, Fl 32824							
CORAL ROOF CRESTIONS										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			<u> </u>							
b						05022005	Chg-LLC CR2	E083 (10/03)		
City & State () Plano F blid			City & State Kissimmee		4. FEI Number Applied For 65-1087315 Not Applicable					
· ^{Zip} 3つ8	ip30824 Country		Zip Coun 34759 Pou			5. Certificati	5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current						7. Name an	7. Name and Address of New Registered Agent			
OVELL D	20141 D	,		Name						
SNELL, RO 14905 CRA ORLANDO	ANESNES		Street Address		s (P.O. Box Numb	ber is Not Acceptable)				
					City		F	Zip Code	e	
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 projuded interned registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typeo	or prised harvest registered agent a	U doe i approade. (TE. I Ingliatore	a where shown a redui	CO WHOIT ION ISLAURY!	1			
Filing Fee is \$50.00 Due by September 7, 2005							Make check payable to Florida Department of State			
9.		MANAGING MEMBEF	RS/MANAGERS	10.			ADDITIONS/CHANG	SES		
TITLE	P	ONALDI	☐ Delete	THTL				☐ Change	Addition	
NAME STREET ADDRESS		ONALD L ANESNEST CT.		NAM STRI	ET ADDRESS					
CITY-ST-ZIP	í	O, FL 32824		4	-ST-ZIP					
TITLE			☐ Delete	TITL	E .			☐ Change	☐ Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
*mue			☐ Delete -	TITL		_	•••	☐ Change	Addition	
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CITY-ST-ZIP		_			-ST-ZIP					
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NAME			C Delete	NAM				\$100.0go		
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CATY	-ST-ZIP					
 11. I hereby of indicated limited lia 	certify that the on this report bility compar	e information supplied with the first is true and accurate and the first or the receiver or trustee	this filing does not qualify f hat my signature shall hay empowered to execute thi	or the exe e the sam- s report a:	mption stated in S e legal effect as it s required by Cha r	Section 119.07(3) I made under oat apter 608, Florida)(i), Florida Statutes. I further h; that I am a managing mer i Statutes.	certify that the in nber or manage	formation r of the	