

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021061

**Entity Name:** REEF RIDER, LLC

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

134 VENETIAN WAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 602  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 27-0026578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, GWENDOLYN  
134 VENETIAN WAY  
ISLAMORADA, FL 33036 US

**Name and Address of New Registered Agent:**

CIOFFI, JOHN  
134 VENETIAN WAY  
ISLAMORADA, FL 33036 US

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.

SIGNATURE: JOHN CIOFFI

01/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RUSSELL, GWENDOLYN J  
Address: 134 VENETIAN WAY  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CIOFFI, JOHN J  
Address: 134 VENETIAN WAY  
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN CIOFFI

MGR

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date