


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90215 001 ****50.00
02-11-2004 90215 002 *****5.00

DOCUMENT # L02000002309	
1. Entity Name ATLANTIC REEF, LLC	

Principal Place of Business 1800 SOUTH OCEAN BLVD., #409 POMPANO BEACH, FL 33062	Mailing Address 1800 SOUTH OCEAN BLVD., #409 POMPANO BEACH, FL 33062
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01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0383680	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

MOSKALENKO, VICTOR 1800 SOUTH OCEAN BLVD., #409 POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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** _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE P	NAME MOSKALENKO, VICTOR STREET ADDRESS 1800 S OCEAN BLVD., #409 CITY-ST-ZIP POMPANO BEACH, FL 33062
TITLE VP	NAME MOSKALENKO-KEMELMAN, SOFI STREET ADDRESS 1800 S OCEAN BLVD., #409 CITY-ST-ZIP POMPANO BEACH, FL 33062
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: V. Moskalenko **V. MOSKALENKO** 18 JANUARY 2004 (954) 783 5434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #