2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000012336

1. Entity Name
REEF PARTNERS, LLC.

Principal Place of Business	Mailing Address
514 N.E. 13TH STREET FORT LAUDERDALE, FL 33304	514 N.E. 13TH STREET FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
16-1681636

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ELKIN, STEVEN C ESQ
FRANK,WEINBERG,& BLACK, P.L.
7805 S.W. 6TH COURT
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAGLIANONE, DERRICK
STREET ADDRESS	514 N.E. 13TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	DECKER, DAVID
STREET ADDRESS	2401 EAST ATLANTIC BLVD SUITE 300
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	O'BRIEN, JAMES
STREET ADDRESS	514 N.E. 13TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	BIDDESCOMBE, SEAN
STREET ADDRESS	2401 EAST ATLANTIC BLVD SUITE 300
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/08-80054-003 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/14/08 (954)467-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #