

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001287

FILED
Mar 26, 2004
Secretary of State

Entity Name: CORAL REEF TECHKNOWLEDGE, LLC

Current Principal Place of Business:

1100 LEE WAGENER BLVD
346
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

3601 CYPRESS GARDENS ROAD
SUITE G
WINTER HAVEN, FL 33884 US

Current Mailing Address:

1100 LEE WAGENER BLVD
346
FORT LAUDERDALE, FL 33315

New Mailing Address:

3601 CYPRESS GARDENS ROAD
SUITE G
WINTER HAVEN, FL 33884 US

FEI Number: 20-0914459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRERA, MICHAEL
3801 SW 144 AVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

BARRERA, JORGE A
3601 CYPRESS GARDENS ROAD
SUITE G
WINTER HAVEN, FL 33884 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: JORGE A BARRERA

03/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MICHAEL, BARRERA
Address: 3801 SW 144 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Delete
Name: JORGE, BARRERA
Address: 1520 STOKES ROAD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE A BARRERA

MGR

03/26/2004

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