2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L03000027834

Entity Name: REEF WRAPS, LLC

Current Principal Place of Business:

13550 CARROWAY STREET
WINDERMERE, FL 34786

New Principal Place of Business:

376 CROFTON DRIVE
OCOEE, FL 34761 US

Current Mailing Address:

13550 CARROWAY STREET
WINDERMERE, FL 34786

New Mailing Address:

376 CROFTON DRIVE
OCOEE, FL 34761 US

FEI Number: 01-0792892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WETHERINGTON, TIMOTHY R
13550 CARROWAY STREET
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

WETHERINGTON, TIMOTHY R
376 CROFTON DRIVE
OCOEE, FL 34761 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: TIMOTHY R. WETHERINGTON 04/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WETHERINGTON, TIMOTHY R
Address: 13550 CARROWAY STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete
Name: LOSSING, DAVID O
Address: 13637 CARROWAY STREET
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WETHERINGTON, TIMOTHY R
Address: 376 CROFTON DRIVE
City-St-Zip: OCOEE, FL 34761

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: TIMOTHY R. WETHERINGTON MR. 04/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date