

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068924

1. Entity Name
CORAL REEF PARTNERS, LLC



Principal Place of Business
**7606 WEST SAND LAKE ROAD
ORLANDO, FL 32819 US**

Mailing Address
**7606 WEST SAND LAKE ROAD
ORLANDO, FL 32819 US**



03132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1644240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TREML, MICHAEL L
7606 WEST SAND LAKE ROAD
ORLANDO, FL 32819**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLEETING, ROBERT
9600 KOGER BOULEVARD SUITE 105
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHADWICK, HARRY
9600 KOGER BOULEVARD SUITE 105
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HANSEN, THOMAS
9600 KOGER BOULEVARD SUITE 105
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000547169
05/12/06-80013-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4-26-06