
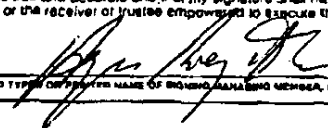


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5/1

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90244 012 \*\*\*\*50.00

<b>DOCUMENT # L04000093658</b>					
1. Entity Name <b>ALTA REEF, LLC</b>					
Principal Place of Business 1712 N.W. 126TH DRIVE CORAL SPRINGS, FL 33071			Mailing Address 1712 N.W. 126TH DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>81-066114</b>	
				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 <b>FERDINAND &amp; SULLIVAN, P.A. 100 W. CYPRESS CREEK ROAD, SUITE 910 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and his or her spouse. NOTE: Registered Agent Signature required when registering.</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REY-TINAT, AGNES		NAME		
STREET ADDRESS	1712 N.W. 126TH DRIVE		STREET ADDRESS		
CITY- ST- ZIP	CORAL SPRINGS, FL 33071		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: 			3/27/05 754 5812305		
SIGNATURE AND TYPE OF OFFICER OR NAME OF PERSON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		

30010050



03142005 Chg-LLC CR2E083 (10/03)

FILED  
 05 MAR 3 AM 09:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA