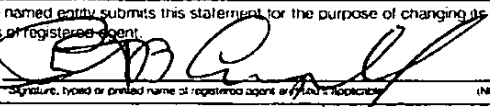


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-25-2006 90050 040 ****50.00

DOCUMENT # L05000048349 1. Entity Name RED REEF HOLDINGS LLC					
Principal Place of Business ATTN: ROBERT B. CAMPBELL 1515 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON FL 33432			Mailing Address ATTN: ROBERT B. CAMPBELL 1515 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0543731	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: 7-27-06 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, ROBERT B 1515 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  DATE: 7/27/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT 30013274

05/18/05 10:43 FAX 12128085300

JOHN ZAMPINO

#L0500004739

EIN: 51-0543731

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **51-0543731**

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested RED REEF HOLDINGS LLC		2 Executor, trustee, "care of" name	
3a Mailing address (room, apt., suite no. and street, or P.O. box) 1818 North Federal Highway, Suite 206		3b Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code Boca Raton, FL 33432		5b City, state, and ZIP code	
6 County and state where principal business is located Palm Beach, Florida			
7a Name of principal officer, general partner, grantor, owner, or trustee Robert B. Campbell		7b SSN, TIN, or EIN 208-28-4710	
8a Type of entity (check only one box)			
☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☐ Corporation (enter form number to be filed) ▶ _____ ☐ Personal service corp. _____ ☐ Church or church-controlled organization _____ ☐ Other nonprofit organization (specify) ▶ _____ ☒ Other (specify) ▶ limited liability company - Form 1065 will be filed			
☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal government/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
9 Reason for applying (check only one box)			
☒ Started new business (specify type) ▶ real estate investments ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____			
☐ Banking purpose (specify purpose) ▶ _____ ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) May 18, 2005		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ None			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Agricultural	Household
		0	0
14 Check one box that best describes the principal activity of your business.			
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale agent/broker ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. N/A			
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.		Trade name ▶	
Legal name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year)		City and state where filed Previous EIN	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name John P. Zampino	Designee's telephone number (include area code) (212) 808-4800
	Address and ZIP code 405 Lexington Avenue, Suite 5002, New York, NY 10174	Designee's fax number (include area code) (212) 808-5300

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Robert B. Campbell, Managing Member**Signature ▶ 

Date ▶

Applicant's telephone number (include area code)

(581) 417-7474

Applicant's fax number (include area code)

(581) 416-8308