2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # L05000069092 1. Entity Name REEF DESIGNS LLC						04-04-2006	90011 027 ****50).00	
Principal Place of Business 245 A WORTH AVE. PALM BEACH, FL 33401 US Mailing Address 245 A WORTH AVE. PALM BEACH, FL 33401									
2. Driverie al E	None of Designation								
2. Principal Place of Business		3. Mailing Address			ujiu eiii ie iii ie ii il				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State			4. FEI Numbe	32396	9 & Ap	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired	□ \$5.00 Add	litional	
	6. Name and Address of Current F	Registered Agent	I		7. Name and	Address of New R			
LEGAL TOOMANTARA INO			Name)					
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675			Street	treet Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL									
			City				FL Zip Code	Э	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or register	red agent, or bot	h, in the State of Fk	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if enviloable (NOT	E: Registered Agent sig	natura racuirad	(when reinstation)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						te check payable to a Department of State	•		
9.			10.			ADDITIONS,	/CHANCES		
	MANAGING MEMBER	RS/MANAGERS	10.			7001101401	CHANGES		
TITLE	MGRM	RS/MANAGERS Delete	TITLE			ADDITIONS	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		s		ABBITIONS		☐ Addition	
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11. Thereby certify that the information supplies will this limited does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

/E

Daytime Phone #