

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90353 013 ****50.00

ANNUAL REPORT

DOCUMENT # L06000010556

1. Entity Name
CORAL REEF MUTUAL INVESTMENTS, LLC



Principal Place of Business
1541 BRICKELL AVENUE
#A3801
MIAMI, FL 33129 US

Mailing Address
1541 BRICKELL AVENUE
#A3801
MIAMI, FL 33129 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8923892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, BARRY M CPA
200 SOUTH BISCAYNE BLVD.
SIXTH FLOOR
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MARTINS, DAVID
1541 BRICKELL AVENUE, #A3801
MIAMI, FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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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 DIRECTOR, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-07 305 6570711