

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054476

Entity Name: BLUE REEF, LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

4508 OAK FAIR BLVD.
SUITE 103
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4508 OAK FAIR BLVD.
SUITE 103
TAMPA, FL 33610

New Mailing Address:

FEI Number: 65-1281809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANIGAN, DAVID C JD LLM
10927 NORTH 56TH STREET
TAMPA, FL 336173000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEXANDER, CAYMEN FLP
Address: 238 1/2 EAST DAVIS BLVD. STE 220
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: LEONE, GARY
Address: 2212 ARBOR OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: MGR (X) Delete
Name: CRUDELE, MICHAEL
Address: 1516 FOX HILL PLACE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LEONE, ROSE MARIE
Address: 2212 ARBOR OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSE MARIE LEONE

MGR

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date