2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000060952

Entity Name: SAILFISH REEF, LLC

Current Principal Place of Business:

440 SOUTH 78TH STREET
TAMPA, FL 33619

New Principal Place of Business:

6312 78TH STREET
RIVERVIEW, FL 33578

Current Mailing Address:

440 SOUTH 78TH STREET
TAMPA, FL 33619

New Mailing Address:

P. O. BOX 3381
TAMPA, FL 33601

FEI Number: 20-5076731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNER, JAMES A III
440 S. 78TH STREET
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

TURNER, JAMES A III
6312 78TH STREET
RIVERVIEW, FL 33578 US

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: 04/14/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAMPA ARMATURE WORKS, , INC.
Address: 440 S. 78TH STREET
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete
Name: TURNER, JAMES A III
Address: 440 S. 78TH STREET
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TAMPA ARMATURE WORKS, , INC.
Address: 6312 78TH STREET
City-St-Zip: RIVERVIEW, FL 33578

Title: MGR (X) Change ( ) Addition
Name: TURNER, JAMES A III
Address: 6312 78TH STREET
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A. TURNER, III MGR 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date