

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034354

Entity Name: REAHL MANAGEMENT, LLC

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

New Principal Place of Business:

1024 N. MILLS AVENUE
ORLANDO, FL 32803 US

Current Mailing Address:

4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

New Mailing Address:

1024 N. MILLS AVENUE
ORLANDO, FL 32803 US

FEI Number: 20-0214465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAHL, CRAIG R
4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

REAHL, CRAIG R
1024 N. MILLS AVENUE
ORLANDO, FL 32803 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: CRAIG REAHL

01/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REAHL, CRAIG R
Address: 128 NORTH OAK AVENUE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR () Delete
Name: REAHL, VICTORIA L
Address: 128 NORTH OAK AVENUE
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REAHL, CRAIG R
Address: 1024 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

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: CRAIG REAHL

MGR

01/16/2006

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