


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000058087 1. Entity Name REBISA, LLC	
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Principal Place of Business 20600 NE 20 PLACE MIAMI FL 33179	Mailing Address 20600 NE 20 PLACE MIAMI FL 33179
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 20-2325824
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A ESQ. 2450 NE MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS													
TITLE NAME STREET ADDRESS CITY ST ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGRM SKLAR, ISAAC TRUSTEE 20600 NE 20 PLACE MIAMI FL 33179</td> <td style="text-align: right; width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>MGRM SKLAR, REBECA TRUSTEE 20600 NE 20 PLACE MIAMI FL 33179</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGRM SKLAR, ISAAC TRUSTEE 20600 NE 20 PLACE MIAMI FL 33179	<input type="checkbox"/> Delete	MGRM SKLAR, REBECA TRUSTEE 20600 NE 20 PLACE MIAMI FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES													
TITLE NAME STREET ADDRESS CITY ST ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> U00000628601 02/16/07-80023-015 55.00 </td> <td style="text-align: right; width: 20%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	U00000628601 02/16/07-80023-015 55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Isaac Sklar 9/06/07 305-931-2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #