

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004065

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: REGE PROPERTIES, LLC

**Current Principal Place of Business:**

101 OCEAN LANE DRIVE  
SUITE 405  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

640 WARREN LANE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

PO BOX 490987  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-1017252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, CESAR  
260 CRANDON BLVD.  
SUITE 14  
KEY BISCAYNE, FL 33149 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: MGRM ( ) Delete  
Name: REGE-TURO, ROBERT C MGR  
Address: 101 OCEAN LANE DRIVE, SUITE 405  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: REGE-TURO, BRICE MGR  
Address: 640 WARREN LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REGE-TURO, ROBERT C MGR  
Address: 640 WARREN LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

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

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: BRICE REGE-TURO

MGRM

01/13/2009

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