2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 28, 2008-08:00 AN
1. Entity Nar	OCUMENT # L01000020865 Entity Name REUND HOLDINGS LLC			Apr 28, 2008 08:00 AN Secretary of State
Principal Place of BusinessMailing Address695 BUTTONWOOD LANE695 BUTTONWOOD LANEC/O BRUCE FREUNDC/O BRUCE FREUNDBAY POINT, FL 33137BAY POINT, FL 33137				
DO NOT WRITE IN THIS SPAC				04172008 No Chg-LLC CR2E083 (12/07)   4. FEI Number Applied For   90-0086909 Not Applicable   5. Certificate of Status Desired \$5.00 Additional Fee Required
M&W/AGE	6. Name and Address of Curre	ent Registered Agent	-	
M&W AGENTS, INC. 2101 CORPORATE BLVD. SUITE 107 BOCA RATON, FL 33431				DO NOT WRITE IN THIS SPACE
	a named entity submits this statemer tions of registered agent.	t for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered as	rent and tite I appricable (NOTE Register	ed Agent signature required	when reinstating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	.75		
9. TITLE NAME STREET ADDRESS	MGRM FREUND, DONALD B 695 BUTTONWOOD LANE	IBERS/MANAGERS		U00000925469
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAY POINT, FL 33137		-	05/20/08-80029-005 138.75
CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP TITLE NAME STREEF ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			]	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report to use 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 troctee empowered to execute this report as required by Chapter 608. Florida Statutes				
SIGNATURE: X 7 W 0 S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Destume Phone #				

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