


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 012 ****50.00

DOCUMENT # L02000000137

1. Entity Name
REME LLC



Principal Place of Business
**2761 OCEAN CLUB BLVD., #304
 HOLLYWOOD, FL 33019**

Mailing Address
**2761 OCEAN CLUB BLVD., #304
 HOLLYWOOD, FL 33019**

24001588



2. Principal Place of Business
1550 BRICKELL AVE

3. Mailing Address
1550 BRICKELL AVE

Suite, Apt. #, etc.:
BUILDING A #306

Suite, Apt. #, etc.:
BUILDING A #306

01072004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33129

Country
USA

Zip
33129

Country
USA

4. FEI Number
04-3687007

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHUEKE, ALBERTO R
2761 OCEAN CLUB BLVD., APT 304
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name
CHUEKE ALBERTO R

Street Address (P.O. Box Number is Not Acceptable)

1550 BRICKELL AVE *A* # 306

City
MIAMI

State
FL

Zip Code
33129

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 *ALBERTO CHUEKE* **MANAGER** **01/12/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICARDO CHUEKE, ALBERTO 2761 OCEAN CLUB BLVD., APT 304 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRISTINA FIORETTI, MONICA 2761 OCEAN CLUB BLVD., APT 304 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICARDO CHUEKE, ALBERTO 1550 BRICKELL AVE. APT. 306 BUILDING A MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *ALBERTO CHUEKE* **MANAGER** **01/12/2004** **786-210-7601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #