
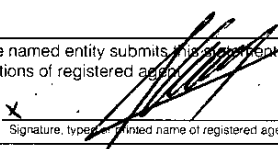
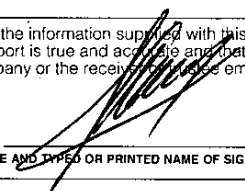


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 035 ****50.00

DOCUMENT # L02000000137			
1. Entity Name REME LLC			
Principal Place of Business 1550 BRICKELL AVE BUILDING A #306 MIAMI, FL 33129		Mailing Address 1550 BRICKELL AVE BUILDING A #306 MIAMI, FL 33129	
2. Principal Place of Business 1210 RESERVE WAY		3. Mailing Address 1210 RESERVE WAY	
Suite, Apt. #, etc. Apt. # 305		Suite, Apt. #, etc. Apt. # 305	
City & State NAPLES FLORIDA		City & State NAPLES FLORIDA	
Zip 34105	Country USA	Zip 34105	Country USA
4. FEI Number 04-3687007		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHUEKE, ALBERTO R 1550 BRICKELL AVE 'A' #306 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name CHUEKE ALBERTO R Street Address (P.O. Box Number is Not Acceptable) 1210 RESERVE WAY Apt. # 305 City NAPLES FL Zip Code 34105	
8. The above named entity submits this report 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 R CHUEKE MGR 4/4/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICARDO CHUEKE, ALBERTO 1550 BRICKELL AVE. APT. 306 BLDG A MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICARDO CHUEKE, ALBERTO 1210 RESERVE WAY APT. #305 NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 R. CHUEKE MANAGER 4/4/05 (239) 298-2885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #