

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001298

1. Entity Name
REW REAL ESTATE INVESTMENTS, LLC



Principal Place of Business
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837 US

Mailing Address
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837 US



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3592921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARMOC, DENNIS P
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WOODSBY, RONALD E
1260 CENTRA FLORIDA PARKWAY
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
DARMOC, DENNIS P
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11000000329447
04/25/05-80117-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Dennis P. Darmoc* Dennis P. Darmoc, Secretary

4/19/05

407-851-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #