

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 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**



03242006No Chg-LLC

CR2ED03 (11/05)

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000500458
04/25/06-80023-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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 Sec 17443 3/31/06 407-851-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #