## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

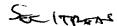


**FILED** 

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # L02000017509 04-24-2007 90113 032 \*\*\*\*50.00 REW REAL ESTATE INVESTMENTS II, LLC Principal Place of Business Mailing Address UVVVVVVV 1260 CENTRAL FLORIDA PARKWAY 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8026897 NOT-APPLICABLE City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARMOC, DENNIS P Street Address (P.O. Box Number is Not Acceptable) 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 Zip Code 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) Filing Fee is \$50:00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** TITLE TITLE ☐ Change ■ Addition ☐ Delete WOODSBY, RONALD E NAME 1260 CENTRAL FLORIDA PARKWAY STREET ADDRESS STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ■ Addition DARMOC, DENNIS P NAME NAME STREET ADDRESS 1260 CENTRAL FLORIDA PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32837 TITLE ■ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



401-851 .8400 Daytime Phone #