

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001649

FILED  
Mar 29, 2004  
Secretary of State

Entity Name: REECH VENTURES, L.L.C.

## Current Principal Place of Business:

5587 DEVONBRIAR WAY, APT. 104  
ORLANDO, FL 32822

## New Principal Place of Business:

1097 CHOKE CHERRY DR.  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

5587 DEVONBRIAR WAY, APT. 104  
ORLANDO, FL 32822

## New Mailing Address:

PO BOX 621778  
ORLANDO, FL 32862

FEI Number: 01-0763218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REECH, BRIAN K  
5587 DEVONBRIAR WAY, APT. 104  
ORLANDO, FL 32822

## Name and Address of New Registered Agent:

REECH, BRIAN K  
1097 CHOKE CHERRY DR.  
ORLANDO, FL 32708

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.

SIGNATURE:

03/29/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: REECH, BRIAN K  
Address: 1097 CHOKE CHERRY DR.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR ( ) Change (X) Addition  
Name: REECH, STEPHEN C  
Address: 1364 MARILYN DR.  
City-St-Zip: BATON ROUGE, LA 70815

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN C. REECH

MGR

03/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date