




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

6/9/04

FILED
Jul 01, 2004 8:00 am
Secretary of State

06-09-2004 90222 027 ****55.00

DOCUMENT # L03000003506 1. Entity Name REI LLC																															
Principal Place of Business PO BOX 40925 JACKSONVILLE FL 32203		Mailing Address PO BOX 40925 JACKSONVILLE FL 32203																													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																													
4. FEL Number 57-1147416		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent EMERALD REALTY OF NORTH FLORIDA, INC. 2130 SAN MARCO A2 JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name R. E. Ziegler Street Address (P.O. Box Number is Not Acceptable) 1601 Ocean Drive Suite 409 City Jacksonville Beach FL Zip Code 32250																													
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  DATE 6/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>																															
RECORD OF STATE DEPARTMENT OF REVENUE		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP President Magnusson Rene E. Ziegler 1601 Ocean Drive #409 Jacksonville Beach FL 32250 </td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Magnusson Rene E. Ziegler 1601 Ocean Drive #409 Jacksonville Beach FL 32250	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 6-6-04 DAYTIME PHONE # 904-412-6846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																															

Attachment

34009009

#10 3000003506

June 6, 2004

Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Dear Gentlemen;

I ask for your consideration for filing a late return. My father passed away in Ohio at the age of 93 and my brother and I have been following up settling his affairs.

Thank you for your understanding in this request.

Sincerely,



Ronald E. Zajack