2004

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:35

DOCUMENT # L03000010067

1. Entity Name

REES 12, LLC

DO NOT WRITE IN THIS SPACE

200026036922
01/06/04--01003--010 **55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9535 Seminole Blvd	3109 Crystal Cay
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Belleair Beach, Florida
City & State: Seminole Florida	City & State:
Zip: 33786 Country: U.S.A.	Zip: 33786 Country: U.S.A.

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph M. SENA
Street Address (P.O. Box Number is not acceptable): 3109 Crystal Cay
City: Belleair Beach, Florida FL 33786

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] 12/24/2003
Signature of typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME JOSEPH M. SENA STREET ADDRESS 3109 Crystal Cay CITY-ST-ZIP Belleair Beach, Florida 33786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: [signature] 12/24/2003 (627)481-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #