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Mar 18, 2004 8:00 am
Secretary of State
02-26-2004 90202 022 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010069

1. Entity Name
REES 14, LLC

Principal Place of Business	Mailing Address
212 N. BAY HILLS BLVD. SAFETY HARBOR, FL 34695	212 N. BAY HILLS BLVD. SAFETY HARBOR, FL 34695

34001764

02202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
One Progress Plaza		PO BOX 531	
Suite, Apt. #, etc.: Suite 820		Suite, Apt. #, etc.:	
City & State: St. Petersburg, FL		City & State: St. Petersburg, FL	
Zip: 33701	Country: USA	Zip: 33731	Country: USA

4. FEI Number 59-2677046 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, MARGA
212 N. BAY HILLS BLVD.
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name: Antonio Fernandez
Street Address (P.O. Box Number is Not Acceptable): 2000 Brightwaters Blvd NE
City: St. Petersburg FL Zip Code: 33704

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: Antonio Fernandez DATE: 2/19/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REAL ESTATE EXCHANGE SERVICES, INC. 212 N. BAY HILLS BLVD. SAFETY HARBOR, FL 34695	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Antonio Fernandez 2000 Brightwaters Blvd NE St. Petersburg, FL 33704	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Antonio Fernandez 2/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #