
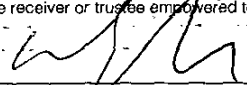


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 015 \*\*\*\*50.00

<b>DOCUMENT # L03000029298</b> 1. Entity Name <b>REEL RATS, LLC</b>					
Principal Place of Business <b>22 CRANDON BLVD KEY BISCAYNE, FL 33149</b>			Mailing Address <b>22 CRANDON BLVD KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01052004 Chg-LLC CR2E083 (10/03)		
<b>6. Name and Address of Current Registered Agent</b>  <b>EARLE, WILLIAM D 22 CRANDON BLVD KEY BISCAYNE, FL 33149</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$50.00 Due by May 1, 2004</b>					
<b>Make check payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, WILLIAM D		NAME		
STREET ADDRESS	22 CRANDON BLVD		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, ERIC L		NAME		
STREET ADDRESS	629 GLENRIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROA, JUAN C		NAME		
STREET ADDRESS	3614 RIVIERA CT		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, MICHAEL L		NAME		
STREET ADDRESS	6214 62ND WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, GEORGE W		NAME		
STREET ADDRESS	2314 MIDTOWN TERRACE #1125		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JEFFREY C		NAME		
STREET ADDRESS	251 HARBOR DR		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  (William Earle, MGRM) 1/5/04 305 361 1470					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					