

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029298

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: REEL RATS, LLC

**Current Principal Place of Business:**

22 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

22 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

412 WOODCREST ROAD  
KEY BISCAYNE, FL 33149

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EARLE, WILLIAM D  
22 CRANDON BLVD  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

EARLE, WILLIAM D  
412 WOODCREST ROAD  
KEY BISCAYNE, FL 33149 US

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: WILLIAM EARLE

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EARLE, WILLIAM D  
Address: 22 CRANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: LANG, ERIC L  
Address: 629 GLENRIDGE RD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: ROA, JUAN C  
Address: 3614 RIVIERA CT  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: PETERS, MICHAEL L  
Address: 6214 62ND WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM ( ) Delete  
Name: PETERS, GEORGE W  
Address: 2314 MIDTOWN TERRACE #1125  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete  
Name: WARD, JEFFREY C  
Address: 251 HARBOR DR  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM EARLE

MGRM

04/27/2007

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