2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038827

Entity Name: REES 18, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6817 BLUFFS BLVD TAMPA, FL 33617 US	6817 BLUFFS BLVD TEMPLE TERRACE, FL 33617 US

Current Mailing Address:	**New Mailing Address:**
6817 BLUFFS BLVD TAMPA, FL 33617 US	6817 BLUFFS BLVD TEMPLE TERRACE, FL 33617 US

FEI Number:	**FEI Number Applied For ( )**	**FEI Number Not Applicable (X)**	**Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BOOS, FREDERICK A MGRM 6817 BLUFFS BLVD TAMPA, FL 33617 US	BOOS, FREDERICK A MGRM 6817 BLUFFS BLVD TEMPLE TERRACE, FL 33617 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: _____   04/12/2005

    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	BOOS, FREDERICK A MGRM	Name:	BOOS, FREDERICK A MGRM
Address:	6817 BLUFFS BLVD	Address:	6817 BLUFFS BLVD
City-St-Zip:	TAMPA, FL 33617 US	City-St-Zip:	TEMPLE TERRACE, FL 33617 US

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	BOOS, CONSTANCE P MGRM	Name:	BOOS, CONSTANCE P MGRM
Address:	6817 BLUFFS BLVD	Address:	6817 BLUFFS BLVD
City-St-Zip:	TAMPA, FL 33617 US	City-St-Zip:	TEMPLE TERRACE, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FREDERICK A. BOOS   MGRM   04/12/2005

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