


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000045204</b>		
1. Entity Name <b>NUNEZ REED BUILDER'S GROUP, LLC</b>		
Principal Place of Business <b>444 WEST PIPKIN RD. LAKELAND, FL 33813</b>	Mailing Address <b>444 WEST PIPKIN RD LAKELAND, FL 33813</b>	



03112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>76-0748571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NUNEZ, ROBERT JR. 444 WEST PIPKIN RD LAKELAND, FL 33813</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000876792  
04/11/08-80089-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUNEZ, ROBERT JR. 444 WEST PIPKIN RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUNEZ, ROBERT F 444 WEST PIPKIN RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, WILLIAM G 444 WEST PIPKIN RD LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/1/08**

Date

Daytime Phone #