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Mar 24, 2005 8:00 am
Secretary of State
01-18-2005 90181 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055475

1. Entity Name
CHARLES E. REESE LLC

Principal Place of Business	Mailing Address
6231 POLING LN NORTH FORT MYERS, FL 33917 US	P.O. BOX 3790 NORTH FORT MYERS, FL 33918 US

30002452

2. Principal Place of Business	3. Mailing Address
6231 Poling Ln.	P.O. Box 3790
Suite, Apt. #, etc. North Fort Myers	Suite, Apt. #, etc. North Fort Myers
City & State FL.	City & State FL.
Zip 33917 Country US	Zip 33918 Country US

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0804365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REESE, CHARLES E 6231 POLING LN NORTH FORT MYERS, FL 33917	Name: Charles E. Reese Street Address (P.O. Box Number is Not Acceptable): 6231 Poling Ln City: North Fort Myers FL Zip Code: 33917

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: Charles E Reese (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 3/21/05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Charles E. Reese 6231 Poling Ln. North Fort Myers FL. 33917 ☐ 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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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: Charles E Reese 1/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #