

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016165

Entity Name: RE-VESTORS, L.L.C.

FILED
Aug 08, 2007
Secretary of State

Current Principal Place of Business:

7157 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

7157 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 56-2454305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MITTELBERG, BARRY S ATTY
8100 NORTH UNIVERSITY DRIVE, SUITE 102
CORAL SPRINGS, FL 333211717 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: MCGRUDER, STEVEN D
Address: 2431 NW 93RD LANE
City-St-Zip: SUNRISE, FL 33322

Title: PRES () Delete
Name: PINA, TRACI L
Address: 2431 NW 93RD LANE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: PINA, TRACI LEE
Address: 2431 NW 93RD LANE
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Change () Addition
Name: MCGRUDER, STEVEN D
Address: 6120 SW 35TH STREET
City-St-Zip: MIRAMAR, FL 33023

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: TRACI LEE PINA

PRES

08/08/2007

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