2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 025 ****50.00

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1. Entity Name

REDDEEMER ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1093 A1A BEACH BLVD 501 SAINT AUGUSTINE FL 32080	1093 A1A BEACH BLVD 501 SAINT AUGUSTINE FL 32080

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
216 MAJORCA Rd.	1093 A1A BEACH Blvd
Suite, Apt. #, etc. St. Augustine	Suite, Apt. #, etc #501
City & State FLORIDA	City & State St. Augustine, Fl.
Zip 32080 / Country U.S.	Zip 32080 / Country U.S.

4. FEI Number 20-1016883 — 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
REDD, SILAS N 118 FLAGLER PLAZA DRIVE #123 PALM COAST FL 32137	Name REDD, Silas N. Street Address (P.O. Box Number is Not Acceptable) 1093 A1A BEACH Blvd. #501 #501 City St. Augustine FL Zip Code 32080

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 _____ SAME as BEFORE 2-3-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete REDD, SILAS N 118 FLAGLER PLAZA DRIVE PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☐ Addition REDD, Silas N. 216 MAJORCA Rd. St. Augustine, Fl. 32080 ADDRESS change ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete REDD, SILAS N 118 FLAGLER PLAZA DRIVE PALM COAST FL 32137	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2-3-07 904-377-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #