


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90267 013 ***138.75

DOCUMENT # L04000042936	
1. Entity Name REGINOD, LLC	

Principal Place of Business 2240 72ND TERRACE EAST SARASOTA, FL 34243	Mailing Address 2240 72ND TERRACE EAST SARASOTA, FL 34236
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60015488



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2240 72nd Terr. East
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34243	Country USA

4. FEI Number 20-1302379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DARNELL, ROBERT W 1820 RINGLING BLVD. SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Johnson S. Savary, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) Dunlap Moran, P.A. 1990 Main Street, Suite 700 City Sarasota, FL Zip Code 34236	
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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 Johnson S. Savary, Jr. DATE 3/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONIGER, NEIL 13227 BROWN THRASHER PIKE BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONIGER, NEIL 2240 72 ND TERRACE EAST SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rena P. Doniger DATE 3/13/08 DAYTIME PHONE # 941-751-6693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE