

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046901

FILED  
May 01, 2007  
Secretary of State

Entity Name: REMAN-NORTHSIDE, LLC

**Current Principal Place of Business:**

P.O. BOX 55115  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4131 UNIVERSITY BOULEVARD  
#8  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P.O. BOX 55115  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 14-1906642      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:**

THE FARAH LAW FIRM, P.A.  
3060 MERCURY ROAD  
SUITE 101  
JACKSONVILLE, FL 32207 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: REMAN, LLC,  
Address: P.O. BOX 55115  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELIAS SAIKALI FOR REMAN, LLC

MGR

05/01/2007

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