2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State
01-05-2007 90031 020 ****50.00

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1. Entity Name
REIHEL ENTERPRISES LLC

Principal Place of Business	Mailing Address
62 TARPON LANE KEY LARGO, FL 33037	4520 CASTLE LANE BROOMFIELD, CO 80020

60000155

01022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
513 Pine Forest TR	513 Pine Forest TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park F/A	City & State: Orange Park Fl. 32073
Zip: 32073 Country: USA	Zip: 32073 Country: USA

4. FEI Number 02-0732485 ☐ 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
REIHEL, MARY K 62 TARPON LANE KEY LARGO, FL 33037	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Mary K. Reihel 1-3-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIHEL, MARY K 62 TARPON LANE 513 Pine Forest TR KEY LARGO, FL 33037 Orange Park F/A 32073 ☐ 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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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 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: Mary K. Reihel 1-03-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #