

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90094 041 ****50.00

DOCUMENT # L04000084888	
1. Entity Name REUNION GRANDE INVESTMENT GROUP, LLC	

Principal Place of Business 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609	Mailing Address 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address 10216 GARDEN ALCOVE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33647	Country USA



03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2111814	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 MARLOWE & MCNABB, P.A. 324 S. HYDE PARK AVENUE, SUITE 210 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name EFRAIN JOVEL Street Address (P.O. Box Number is Not Acceptable) 10216 GARDEN ALCOVE DR. City TAMPA FL Zip Code 33647	
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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 	DATE 4/4/2005
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Filing Fee is \$50.00 Due by May 1, 2005	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 BILTMORE INVESTMENT GROUP, INC. 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609 <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	MGRM JOVEL, EFRAIN 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOVEL, EFRAIN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, MARK F 4890 W. KENNEDY BOULEVARD, SUITE 220 TAMPA, FL 33609 <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
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 exemption stated in Section 119.07(3)(i), 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: 	EFRAIN JOVEL	4/4/2005	(813) 760-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #