


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086894

1. Entity Name
 REENIK, LLC



Principal Place of Business Mailing Address

789 CRANDON BLVD., #506 789 CRANDON BLVD., #506
 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 20-1950761 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, DAENIRA
 789 CRANDON BLVD., #506
 KEY BISCAYNE, FL 33149

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, ROBERT H
STREET ADDRESS	789 CRANDON BLVD., #506
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	MEYER, DAENIRA
STREET ADDRESS	789 CRANDON BLVD., #506
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000547501
 05/12/06-80028-006 50.00

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: Robert H. Meyer Date: 26 Apr 05 Daytime Phone #: 571-334-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE