2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L04000089552

Entity Name: REB, LLC

Current Principal Place of Business:

2679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

2679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 20-1994596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, RAY
2679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

BOLES, RAY
2679 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 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: _____ 02/25/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOLES, RAY
Address: P.O. BOX 966
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MGR ( ) Delete
Name: BOLES, LINDA
Address: P. O. BOX 966
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES:

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

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: LINDA BOLES MGR 02/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date