


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 OCT -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000009050 1. Entity Name REIS PROPERTIES, LLC					
Principal Place of Business 6333 SE BABB ROAD BELLEVIEW, FL 34420			Mailing Address 6333 SE BABB ROAD BELLEVIEW, FL 34420		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-2248833	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent YOUNG, BETTY A 4047 SW 51ST COURT OCALA, FL 34474 </div> <div> 7. Name and Address of New Registered Agent Name VAIDWATTI N. REIS Street Address (P.O. Box Number is Not Acceptable) 6333- S.E BABB ROAD City BELLEVIEW FL Zip Code 34420 </div> </div>					
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 <u><i>Vaidwatti N. Reis</i></u> VAIDWATTI N. REIS 7/18/07 DATE					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIS, VAIDWATTI N 6333 SE BABB ROAD BELLEVIEW, FL 34420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIS, VAIDWATTI N 6333 SE BABB ROAD BELLEVIEW, FL 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIS, VAIDWATTI N 6333 SE BABB ROAD BELLEVIEW, FL 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIS, VAIDWATTI N 6333 SE BABB ROAD BELLEVIEW, FL 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIS, VAIDWATTI N 6333 SE BABB ROAD BELLEVIEW, FL 34420	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Vaidwatti N. Reis</i></u> VAIDWATTI N. REIS 7/18/07 (352) 307-6333					