

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90111 029 ****50.00

DOCUMENT # L05000009162

1. Entity Name
RIEMAN PROPERTIES, LLC



Principal Place of Business
9002 SOUTHWEST 152ND STREET
MIAMI, FL 33157

Mailing Address
9002 SOUTHWEST 152ND STREET
MIAMI, FL 33157

60013672



2. Principal Place of Business - No P.O. Box #
9002 SW 152 ST

3. Mailing Address
9002 SW 152 ST

Suite, Apt. #, etc.
PALMETTO BAY PLAZA

Suite, Apt. #, etc.
PALMETTO BAY PLAZA

City & State
PALMETTO BAY, FL

City & State
PALMETTO BAY, FL

Zip
33157

Zip
33157

01212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2154291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIEGLER, JAMES
9002 SOUTHWEST 152ND STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

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

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

TITLE MGRM
NAME SCHUCKMAN, NEIL B ☒ Delete
STREET ADDRESS 10777 EAST FLOUNDER
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE MGRM
NAME SCHUCKMAN, AVRIL H ☐ Delete
STREET ADDRESS 10777 EAST FLOUNDER
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE MGRM
NAME RIEGLER, JAMES ☐ Delete
STREET ADDRESS 14221 SW 92 AVENUE
CITY-ST-ZIP MIAMI, FL 33176

TITLE MGRM
NAME RIEGLER, FILOMENA ☐ Delete
STREET ADDRESS 14221 SW 92 AVENUE
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: James Riegler, MGRM

SIGNATURE:

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

Date

Daytime Phone #

1/24/07 (205) 254-4555