

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000014144

**FILED**  
**Apr 26, 2006**  
**Secretary of State****Entity Name:** R.E.M DEVELOPERS, LLC**Current Principal Place of Business:**1684 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**1684 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**New Mailing Address:****FEI Number:** 20-2372318**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MILLER, GIBBES U JR.  
1410 EAST PEARL STREET  
MONTICELLO, FL 32344 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: MILLER, GIBBES U JR.  
Address: 1410 EAST PEARL STREET  
City-St-Zip: TALLAHASSEE, FL 32344Title: MGRM ( ) Delete  
Name: RIVERS, GENE  
Address: 1520 KILLEARN CENTER BLVD. STE. 100  
City-St-Zip: TALLAHASSEE, FL 32309Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGRM ( ) Change (X) Addition  
Name: RIVERS, REBECCA  
Address: 1520 KILLEARN CENTER BLVD. STE 100  
City-St-Zip: TALLAHASSEE, FL 32309Title: MGRM ( ) Change (X) Addition  
Name: EVANS, JOHN  
Address: 1684 METROPOLITAN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308Title: MGRM ( ) Change (X) Addition  
Name: EVANS, JUSTIN  
Address: 1684 METROPOLITAN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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: GIBBES MILLER

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date