

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017457

FILED
Apr 29, 2009
Secretary of State

Entity Name: REES INVESTMENTS, LLC

Current Principal Place of Business:

3306 SOUTH SUMMERLIN AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3306 SOUTH SUMMERLIN AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-3502355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REES, DAVID L
3306 S. SUMMERLIN AVENUE
ORLANDO, FL 32806 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: MGRM () Delete
Name: REES, DAVID L
Address: 3306 SOUTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: REES, MARIA V
Address: 3306 SOUTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: REES, DAVID TYLER
Address: 3306 SOUTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: REES, DAVID T
Address: 3306 SOUTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

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: DAVID L. REES

MGRM

04/29/2009

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