

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028035

Entity Name: R.E.L. PARTNERS LLC

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

3215 NE 184TH ST
SUITE 14213
AVENTURA, FL 33160

New Principal Place of Business:

3330 NE 190 TH ST
SUITE 2016
AVENTURA, FL 33180

Current Mailing Address:

3215 NE 184TH ST
SUITE 14213
AVENTURA, FL 33160

New Mailing Address:

3330 NE 190 TH ST
SUITE 2016
AVENTURA, FL 33180

FEI Number: 81-0667548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERETZ, EYAL
3215 NE 184TH ST
SUITE 14213
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

PERETZ, EYAL
3330 NE 190 TH ST
SUITE 2016
AVENTURA, FL 33180 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:

03/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERETZ, EYAL
Address: 3215 NE 184TH ST SUITE 14213
City-St-Zip: AVENTURA, FL 33160

Title: MGRM (X) Delete
Name: PERETZ, RONETE
Address: 3215 NE 184TH ST, SUITE 14213
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERETZ, EYAL
Address: 3330 NE 190 TH ST #2016
City-St-Zip: AVENTURA, FL 33180

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: EP

MGRM

03/04/2008

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