2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000040115

1. Entity Name
REW--NY, LLC

Principal Place of Business	Mailing Address
1485 INTERNATIONAL PARKWAY SUITE 1001 HEATHROW, FL 32746	1485 INTERNATIONAL PARKWAY SUITE 1001 HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3412595
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPSON, GARY D
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEWIS, MICHAEL E
STREET ADDRESS	1485 INTERNATIONAL PKWY, SUITE 1001
CITY-ST-ZIP	ORLANDO, FL 32746
TITLE	MGR
NAME	WESLEY, RICHARD E
STREET ADDRESS	1469 N NEW YORK STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGR
NAME	CERABINO, JOHN H
STREET ADDRESS	1469 N NEW YORK STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Attorney And Authorized Representative 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #