2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90064 034 ***138.75

DOCUMENT # L05000042879

1. Entity Name

REGINALD D. CHRISTNER, LLC

Principal Place of Business	Mailing Address
1637 DEVONSHIRE LANE SARASOTA FL 34236	1637 DEVONSHIRE LANE SARASOTA FL 34236

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1637 DEVONSHIRE LN	1637 DEVONSHIRE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number 26-5570363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTNER, REGINALD D 1637 DEVONSHIRE LANE SARASOTA FL 34236	Name: REGINALD D. CHRISTNER Street Address (P.O. Box Number is Not Acceptable): 1637 DEVONSHIRE LANE City: SARASOTA FL Zip Code: 34236

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHRISTNER, REGINALD D		NAME		
STREET ADDRESS	1637 DEVONSHIRE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

REGINALD D CHRISTNER

SIGNATURE: Reginald D. Christner 2-4-08 993-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #