2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000046874

Entity Name: GWYNNE REID, LLC

Current Principal Place of Business:

9870 NONACREST DR
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

9870 NONACREST DR
ORLANDO, FL 32832 US

New Mailing Address:

14 ARBOR LANE
STAFFORD, VA 22554 US

FEI Number: 20-2854401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, GYWNNE
9870 NONACREST DR
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

REID, GYWNNE
14 ARBOR LANE
STAFFORD, FL 22554 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: 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REID, GWYNNE
Address: 9870 NONACREST DR
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REID, GWYNNE
Address: 14 ARBOR LANE
City-St-Zip: STAFFORD, VA 22554 US

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: GWYNNE REID MGRM 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date