


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90026 038 ****55.00

DOCUMENT # L05000059597 1. Entity Name REIMER DOCUMENT SHREDDING, LLC	
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Principal Place of Business 2519 MCMULLEN-BOOTH ROAD SUITE 510/297 CLEARWATER, FL 33761 US	Mailing Address 2519 MCMULLEN-BOOTH ROAD SUITE 510/297 CLEARWATER, FL 33761 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3000003	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REIMER, MICHAEL A
3711 PINELLAS AVE
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIMER, SHARON M			NAME			
STREET ADDRESS	3711 PINELLAS AVE			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIPLEY, JENNIFER R			NAME			
STREET ADDRESS	3711 PINELLAS AVE			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIMER, JASON M			NAME			
STREET ADDRESS	3711 PINELLAS AVE			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIMER, MICHAEL A			NAME			
STREET ADDRESS	3711 PINELLAS AVE			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *Michael A. Reimer* **AGENT MICHAEL A. REIMER APRIL 24-06** 727-726-9721

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