



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90353 031 ****50.00

DOCUMENT # L05000068751					
1. Entity Name BINION RESERVE, LLC					
Principal Place of Business 232 S. DILLARD STREET, SUITE 201 WINTER GARDEN, FL 34787			Mailing Address PO BOX 770609 WINTER GARDEN, FL 34777		
2. Principal Place of Business - No P.O. Box # 132 W. Plant St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite 200		City & State Winter garden FL			
City & State Winter garden FL		Zip 34787		Country U.S.	
4. FEI Number 20-3293078		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PRATT, JAMES R ESQUIRE 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNE, ROHLAND A II 232 S. DILLARD STREET, SUITE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770609 Winter Garden FL 34777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLSTON, ROBERT W JR. 232 S. DILLARD STREET, SUITE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770609 Winter Garden FL 34777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDOFF, JEFFREY A 232 S. DILLARD STREET STE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770609 Winter Garden FL 34777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMINSKI, CHRISTOPHER L 232 S. DILLARD STREET STE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770609 Winter garden FL 34777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JACQUELINE M 232 S. DILLARD STREET STE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770609 Winter garden FL 34777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Rohland A. June 4-11-07 407-905-8180		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		