


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000078957 1. Entity Name REPART INVESTMENTS LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 9312 TIBET POINTE CIRCLE WINDERMERE, FL 34786 US | Mailing Address 9312 TIBET POINTE CIRCLE WINDERMERE, FL 34786 US |
|--|--|



08152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 03-0568509 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent REINHARDT, ERIC C 13340 W. COLONIAL DRIVE #220 WINTER GARDEN, FL 34787 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM REPPIN, BOB 5609 CEDAR PINE DRIVE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STUART, LARRY 9312 TIBET POINTE CIRCLE WINDERMERE, FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000772534
08/22/07-80003-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/16/07