2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 25, 2006 8:00 am Secretary of State **DOCUMENT # L05000079006** 04-27-2006 90024 020 ****50.00 REHR OPPORTUNITIES, LLC Principal Place of Business Mailing Address 1825 MOORINGLINE DR. 1825 MOORINGLINE DR. VERO BEACH FL 32963 2-A VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number Not Applicable 7in Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REHR DUNNING, JUDITH R Street Address (P.O. Box Number is Not Acceptable) 1825 MOORINGLINE DR. 2-A VERO BEACH FL 32963 City 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, typed or printed name or registered agent and title it applicable. (NOTE Registered Agent signature required white remaining) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES me TITLE ☐ Addition NAME REHR DUNNING, JUDITH R NASAF STREET ADDRESS STREET ADDRESS 1825 MOORINGLINE DR., 2-A CITY-ST-ZIP CITY-SI-71P VERO BEACH FL 32963 TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171 (☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete IITLE ☐ Change ☐ Addition TILLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITI £ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-7P 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 path; 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.