

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080746

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: REECE ASSOCIATES, LLC

**Current Principal Place of Business:**

243 W. PARK AVENUE  
SUITE 201  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

243 W. PARK AVENUE  
SUITE 201  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSEN, ERIK C  
243 W. PARK AVENUE  
SUITE 201  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REECE, MARK  
Address: 105 RIDGEWAY ROAD  
City-St-Zip: CARDIFF, WALES, UK CF3 4AF

Title: MGRM ( ) Delete  
Name: REECE, PAULA  
Address: 105 RIDGEWAY ROAD  
City-St-Zip: CARDIFF, WALES, UK CF3 4AF

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK REECE

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date