


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 038 ****55.00

DOCUMENT # L05000096722	
1. Entity Name REEMARK, LLC	

Principal Place of Business PO BOX 4762 HIALEAH, FL 33014	Mailing Address PO BOX 4762 HIALEAH, FL 33014
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2. Principal Place of Business 1581 W. 49th STREET Suite, Apt. #, etc. #119	3. Mailing Address Suite, Apt. #, etc.
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City & State HIALEAH, FL.	City & State
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Zip 33012	Country USA	Zip	Country
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07232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3652138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, MARK 2569 YORK STREET #3 OPA LOCKA, FL 33054	
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7. Name and Address of New Registered Agent Name MARK JONES Street Address (P.O. Box Number is Not Acceptable) 1581 W. 49th STREET #119 City HIALEAH FL Zip Code 33012	
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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 September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, MARK PO BOX 4762 HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark K. Jones 8/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #