

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90029 032 \*\*\*\*\*50.00

<b>DOCUMENT # L05000108006</b> 1. Entity Name <b>REW PROPERTY ENTERPRISES, LLC</b>						
Principal Place of Business <b>614 WHITEHEAD ST. #1 KEY WEST, FL 33040 US</b>			Mailing Address <b>614 WHITEHEAD ST. #1 KEY WEST, FL 33040 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>KELLEY, ALBERT L 928 TRUMAN AVE. KEY WEST, FL 33040</b>				Name <b>Richard E. Wunsch</b> Street Address (P.O. Box Number is Not Acceptable) <b>614 Whitehead Street Suite 1</b> City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b>		
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 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE <b>4/25/06</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WUNSCH, RICHARD E			NAME		
STREET ADDRESS	614 WHITEHEAD ST., #1			STREET ADDRESS		
CITY- ST- ZIP	KEY WEST, FL 33040			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
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.						
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/25/06</b> Daytime Phone #		