
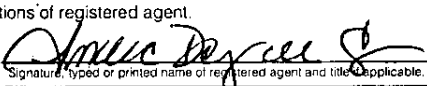
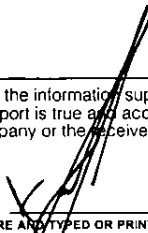


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90035 001 ***450.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L05000109514 1. Entity Name REB HOLDING LLC | | | |  | |
| Principal Place of Business 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US | | | Mailing Address 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US | | |
| 2. Principal Place of Business - No P.O. Box # 4890 W. Kennedy Blvd. | | 3. Mailing Address 4890 W. Kennedy Blvd. | | | |
| Suite, Apt. #, etc. Suite 900 | | Suite, Apt. #, etc. Suite 900 | | | |
| City & State Tampa, FL. | | City & State Tampa, FL. | | | |
| Zip 33609 | | Country USA | | Zip 33609 | |
| Country USA | | 4. FEI Number NOT APPLICABLE | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent DE CORTES, DARLING A SUITE 1000, 121 ALHAMBRA PLAZA ALHAMBRA TOWERS CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Darling de Cortes, Andrea Street Address (P.O. Box Number is Not Acceptable) 4890 W. Kennedy Blvd., Suite 900 City Tampa FL Zip Code 33609 | | |
| 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) <u>02/26/07</u> DATE | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ABITOL, ALEX J 121 ALHAMBRA PLAZA, 10TH FL CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR. Abitol, Alex J. 4890 W. Kennedy Blvd., Suite 900 Tampa, FL. 33609 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 | |
| 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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| 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 | |
| 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:  | | | <u>2/26/07</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

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