2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000111170 1. Entity Name



Principal Place of Business

13191 STALKEY RD SUITE 3 LARGO, FL 33773

REIFLLC

Mailing Address

13191 STALKEY RD SUITE 3 LARGO, FL 33773

FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90342 001 ****50.00



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03242007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-3807496 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

3/28/07

Fee Required

727-507-7163

GENTRY, CHARLES

6. Name and Address of Current Registered Agent

1583 S BELCHER RD SUITE A CLEARWATER, FL 33764

SIGNATURE:

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the colligations of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	1	· <u></u>
TITLE	MGR		
NAME	VIRJI, AZAD		
STREET ADDRESS CITY-ST-ZIP	10222 THURSTON GROVES BLVD. SEMINOLE, FL 33778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRJI, ANIZ 10222 THURSTON GROVES BLVD. SEMINOLE, FL 33778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIIS, AYAZ 10222 Throton Gloves Blvd Schindle, FL 33774	DO NOT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			

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