

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013590

Entity Name: REBMA, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

14561 GLEN COVE DRIVE
#903
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

14561 GLEN COVE DRIVE
#903
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-6321788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, MARY L
14561 GLEN COVE DRIVE
#903
FORT MYERS, FL 33919 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: BERRY, MARY L TRUSTEE
Address: 14561 GLEN COVE DR., #903
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: JOHNSTON, JAMES C TRUSTEE
Address: 1364 CORDOVA AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM () Delete
Name: SHUEY, DEBRA J TRUSTEE
Address: 2338 CORAL POINT DRIVE
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES:

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

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: MARY L BERRY, TRUSTEE

MGRM

04/18/2007

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