

DOCUMENT # L06000031606



07 OCT 22 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Mailing Address**  
**325 PALM STREET**  
**WINDERMERE, FL 34786**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

10152007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
FIN 20 - 4586844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.  
C/O RICHARD D. BAXTER, ESQ.  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/15/07

DATA

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2008, Fee will be \$200.00**

**Make check payable to  
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
----	---------------------------

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	MGR	<input type="checkbox"/> Deleted
NAME	PRESLEY, PATRICK	
STREET ADDRESS	200 WEST LAKE PARK BLVD.	
CITY - ST - ZIP	HOUSTON, TX 77079	

TITLE	200111083522	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10/22/07-01012--003		
STREET ADDRESS	**150.00		
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition  
NAME **REINSTATEMENT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information disclosed 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_