

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035868

Entity Name: REE ENTERPRISES, LLC

FILED
Jan 26, 2008
Secretary of State

Current Principal Place of Business:

3405 DEER OAK CIRCLE
OVIEDO, FL 32766

New Principal Place of Business:

2492 WILLOW DROP WAY
OVIEDO, FL 32766

Current Mailing Address:

3405 DEER OAK CIRCLE
OVIEDO, FL 32766

New Mailing Address:

2492 WILLOW DROP WAY
OVIEDO, FL 32766

FEI Number: 20-4751562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, ROBERT E
3405 DEER OAK CIRCLE
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

EDWARDS, ROBERT E
2492 WILLOW DROP WAY
OVIEDO, FL 32766 US

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:

01/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, ROBERT E
Address: 3405 DEER OAK CIRCLE
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: EDWARDS, DENISE A
Address: 3405 DEER OAK CIRCLE
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDWARDS, ROBERT E
Address: 2492 WILLOW DROP WAY
City-St-Zip: OVIEDO, FL 32766

Title: MGRM (X) Change () Addition
Name: EDWARDS, DENISE A
Address: 2492 WILLOW DROP WAY
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT ERIC EDWARDS

MR

01/26/2008

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