


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L06000040825 1. Entity Name REBAR PROPERTIES - BLOCK, LLC |  |
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|--|--|
| Principal Place of Business 912 CHASTAIN ROAD, SUITE A SEFFNER, FL 33584 | Mailing Address P.O. BOX 247 SEFFNER, FL 33583 |
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-4722980 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

PHELPS, ROBERT M
 912 CHASTAIN ROAD, SUITE A
 SEFFNER, FL 33584

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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) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PHELPS, RICHARD L 912 CHASTAIN ROAD, SUITE A SEFFNER, FL 33584 |
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 01/15/08-80006-014 138.75

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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:  Robert M. Phelps 1-8-2008 813-685-5615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #