

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054008

Entity Name: REEL LIFE APPAREL, LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

5003 HICKORY DRIVE
FT PIERCE, FL 34982

New Principal Place of Business:

5003 HICKORY DRIVE
FORT PIERCE, FL 34982 US

Current Mailing Address:

5003 HICKORY DRIVE
FT PIERCE, FL 34982

New Mailing Address:

5003 HICKORY DRIVE
FORT PIERCE, FL 34982 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BAUER, MICHAEL
Address: 5003 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: MGRM () Delete
Name: BAUER, TANDY
Address: 5003 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BAUER, MICHAEL
Address: 5003 HICKORY DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change () Addition
Name: BAUER, TANDY
Address: 5003 HICKORY DRIVE
City-St-Zip: FORT PIERCE, FL 34982

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: MICHAEL BAUER

MGRM

03/22/2007

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