

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059455

Entity Name: RE MASTERS, LLC

FILED
May 11, 2008
Secretary of State

Current Principal Place of Business:

49 ZAMORA STREET
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

78 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

49 ZAMORA STREET
SAINT AUGUSTINE, FL 32084

New Mailing Address:

78 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

FEI Number: 20-5024232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGONIGLE, MICHAEL
49 ZAMORA STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

MCGONIGLE, MICHAEL
127 MAGNOLIA DRIVE
EAST PALATKA, FL 32131 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:

05/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGONIGLE, MICHAEL
Address: 49 ZAMORA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGONIGLE, MICHAEL
Address: 127 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: MGRM () Delete
Name: MCGONIGLE, DAVID M
Address: 49 ZAMORA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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: MICHAEL MCGONIGLE

MGRM

05/11/2008

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