2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# L06000082808

Entity Name: REP-REM CO., L.L.C.

Current Principal Place of Business:

909 BOB WHITE DR.
TALLAHASSEE, FL 323056903

New Principal Place of Business:

909 BOB WHITE DR.
TALLAHASSEE, FL 32305 US

Current Mailing Address:

909 BOB WHITE DR.
TALLAHASSEE, FL 323056903

New Mailing Address:

909 BOB WHITE DR.
TALLAHASSEE, FL 32305 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RILES, PATRICK T
909 BOB WHITE DR.
TALLAHASSEE, FL 323056903 US

Name and Address of New Registered Agent:

RILES, PATRICK T
909 BOB WHITE DR.
TALLAHASSEE, FL 32305 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: _____ 08/27/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RILES, PATRICK T
Address: 909 BOB WHITE DR.
City-St-Zip: TALLAHASSEE, FL 323056903

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RILES, PATRICK T
Address: 909 BOB WHITE DR.
City-St-Zip: TALLAHASSEE, FL 32305 US

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: PATRICK T RILES MGRM 08/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date