2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L06000110055

Entity Name: REIMS HOLDINGS, LLC

Current Principal Place of Business:

425 WEST 41ST STREET
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6481
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-5877175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAN CORREA GUARCH & SHAPIRO, P.A.
255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: REIMS MANAGEMENT INC.
Address: P.O. BOX 6481
City-St-Zip: SURFSIDE, FL 33154

Title: P ( ) Delete
Name: NEVAREZ, ALICIA E
Address: 4601 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete
Name: NEVAREZ, RICARDO A
Address: P.O. BOX 5916
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

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

Title: P (X) Change ( ) Addition
Name: NEVAREZ, ALICIA E
Address: 845 UNITED NATIONAL PLAZA
City-St-Zip: NEW YORK, NY 10017

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: CHARLOTTE ALEMAN ACCT 04/21/2009

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