


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90020 016 \*\*\*138.75

<b>DOCUMENT # L07000001075</b>					
1. Entity Name REEDER'S DUPLEX #1, LLC.					
Principal Place of Business 10214 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778			Mailing Address 10214 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>FIN 20-8154647</i>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REEDER, LARRY 10214 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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		Signature, typed or printed name of registered agent and title if applicable.		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b>				<b>Make check payable to Florida Department of State</b>	
		<b>After May 1, 2008 Fee will be \$538.75</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEDER, LARRY		NAME		
STREET ADDRESS	10214 GOLDEN EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33778		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEDER, LORETTA		NAME		
STREET ADDRESS	10214 GOLDEN EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33778		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		<i>Paul Reeder</i>		<i>Loretta Reeder</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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