


From: TILLEY & CALLAHAN, PA, CPA's 904 730 7090

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May 02, 2008 8:00 am
Secretary of State

05-02-2008 90020 019 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000091482			
1. Entity Name THE REVERED GROUP OF AMERICA, LLC			
Principal Place of Business 4338 CHELSA HARBOR DR. W. JACKSONVILLE, FL 32224		Mailing Address 4338 CHELSA HARBOR DR. W. JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TILLEY & CALLAHAN, P.A. CPAS 4465 BAYMEADOWS RD. STE 3 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGR President</i> RIVIERE, KEVIN 4338 CHELSA HARBOR DR. W. JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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>[Signature]</i>		Date: <i>4/29/03</i>	
Typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #	