


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90072 013 ***143.75

DOCUMENT # L07000109309	
1. Entity Name V.S. REESE PROPERTIES, LLC	

Principal Place of Business 378 CANAL ROAD SARASOTA FL 34242	Mailing Address 378 CANAL ROAD SARASOTA FL 34242
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2. Principal Place of Business - No P.O. Box # 378 CANAL RD		3. Mailing Address 6151 MIDNIGHT PASS RD	
Suite, Apt. #, etc. OFFICE		Suite, Apt. #, etc. 10	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34242	Country SARASOTA	Zip 34242	Country SARASOTA

1st MOORE CR2E083 (10/07)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent REESE, VICTORIA S 378 CANAL ROAD SARASOTA FL 34242		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when consenting) DATE _____

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REESE, VICTORIA S 378 CANAL ROAD SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Victoria S. Reese **VICTORIA S. REESE** 2-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #