FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003484

1. Entity Name
REINHART, LLC

Principal Place of Business	Mailing Address
210 HIGHLAND AVENUE SANTA ROSA BEACH, FL 32459	210 HIGHLAND AVENUE SANTA ROSA BEACH, FL 32459

04262004No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3549877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHART, JOHN R
210 HIGHLAND AVENUE
SANTA ROSA BEACH, FL 32459

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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 the date as required. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REINHART, JOHN R
STREET ADDRESS	210 HIGHLAND AVENUE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	REINHART, AVILDA S
STREET ADDRESS	210 HIGHLAND AVENUE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80159-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John R Reinhart 4/26/2004
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #