## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001432

Entity Name: RELIANCE CENTER, L.L.C.

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5505 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

5505 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931

FEI Number: 59-3563140 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KINCAID, JAMES 5505 N. ATLANTIC AVE #15 COCOA BEACH, FL 32931 US

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

Title:

Name:

Address:

City-St-Zip:

Electronic eignature of registered rigent

MCPHILLIPS, MICHAEL

5505 N. ATLANTIC AVE #115

COCOA BEACH, FL 32931

(X) Change ( ) Addition

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

 Title:
 MGR () Delete

 Name:
 MCPHILLIPS, MICHAEL

 Address:
 5505 N. ATLANTIC AVE #115

 City-St-Zip:
 COCOA BEACH, FL 32931

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KINCAID, JAMES
 Name:

 Naddress:
 5505 N ATLANTIC AVE #115
 Address:

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MCPHILLIPS MGRM 02/05/2007