

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008686

1. Entity Name
AMERIREACH.COM, LLC



Principal Place of Business
**2772 BINGLE RD
HOUSTON, TX 77055**

Mailing Address
**2772 BINGLE RD
HOUSTON, TX 77055**



03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLARDE, LOUIS
5528 NW 58TH AVE
CORAL SPRINGS, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REDMAN, STEVEN 1600 ELDRIDGE PKWY #1802 HOUSTON, TX 77077
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COCHEU, BARRY 14114 BURNHART HOUSTON, TX 77077
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLARDO, LOUIS 5528 NW 58TH AVE CORAL SPRINGS, FL 33067
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04/25/07-80032-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #