

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002121

Entity Name: REES 403, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

1447 PEACHTREE STREET
SUITE 525
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1447 PEACHTREE STREET
SUITE 525
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-2415929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING AND SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLINS, STEPHEN J
Address: 1447 PEACHTREE STREET, SUITE
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: DEHART, JEFFREY A
Address: 1447 PEACHTREE STREET, SUITE 525
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: GOODMAN, SCOTT C
Address: 1447 PEACHTREE STREET, SUITE 525
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFF DEHART

MGR

03/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date