

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001876

Entity Name: D. REES, LLC

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

900 ENTERPRISE
JONESBORO, AR 72401

New Principal Place of Business:

2106 E. MATTHEWS
JONESBORO, AR 72401

Current Mailing Address:

P.O. BOX 1573
JONESBORO, AR 724031573

New Mailing Address:

FEI Number: 71-0830323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, W. CHRISTOPHER
SUITE 6-A, 151 REGIONS WAY
DESTIN, FL 32541 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: MGRM () Delete
Name: REES, DAVID
Address: 2110 E. MATTHEWS STREET
City-St-Zip: JONESBORO, AR 72401

Title: MGRM () Delete
Name: REES, JANE
Address: 2110 E. MATTHEWS STREET
City-St-Zip: JONESBORO, AR 72401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REES, DAVID
Address: 2106 E. MATTHEWS
City-St-Zip: JONESBORO, AR 72401

Title: MGRM (X) Change () Addition
Name: REES, JANE
Address: 2106 E. MATTHEWS STREET
City-St-Zip: JONESBORO, AR 72401

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: DAVID REES

MGRM

02/06/2006

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