

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005331

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** REIMS FALLS I, LLC

**Current Principal Place of Business:**

425 W. 41 STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6481  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 26-0803854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CFRA, LLC  
4221 W BOY SCOUT BLVD  
TAMPA, FL 336013239 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: REIMS MANAGEMENT, INC.  
Address: 425 W. 41 STREET  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REIMS MANAGEMENT, INC.  
Address: P.O. BOX 6481  
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify 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:** CHARLOTTE ALEMAN

ACCT

04/21/2009

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