

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (3)

FILED
Feb 02, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000104661

1. Entity Name
REDLAND GREEN SOUTH, LLC

Principal Place of Business 19025 S.W. 264 STREET HOMESTEAD FL 33031	Mailing Address 19025 S.W. 264 STREET HOMESTEAD FL 33031
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1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 20-3812764	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQ. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR DAUGHERTY, MICHAEL J SR. 19025 S.W. 264 STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000618153 02/08/07-80018-011 50.00
SREET ADDRESS CITY-ST-ZIP		SREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR DAUGHERTY, KAREN A 19025 S.W. 264 STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SREET ADDRESS CITY-ST-ZIP		SREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SREET ADDRESS CITY-ST-ZIP		SREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SREET ADDRESS CITY-ST-ZIP		SREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael J Daugherty* 2-1-07 305-248-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #