FILED
Apr 28, 2004 8:00 am
Secretary of State

04-07-2004 90348 025 ****50.00

4/7/

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020873

1. Entity Name
REDEVCO 62ND STREET, LLC

Principal Place of Business	Mailing Address
7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319	7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319

34004304

03082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1175 NE 125th Street	1175 NE 125th Street
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: NorthMiami, FL	City & State: North Miami, FL
Zip: 33161 Country: US	Zip: 33161 Country: US

4. FEI Number: 58-2674441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINKLE, DEBRA L 7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319	Name: Sinkle, Debra L Street Address (P.O. Box Number is Not Acceptable): 1175 NE 125th Suite 103 City: NOrth Miami FL Zip Code 33161

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] 3/14/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Sole Member NAME: DSK Trust date 1/4/00 STREET ADDRESS: 1175 NE 125th street, Suite 103 CITY-ST-ZIP: North Miami, FL 33161	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/14/04 305-981-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #