


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90309 045 ****50.00

DOCUMENT # L01000016296	
1. Entity Name REDALCACY LLC	

Principal Place of Business 7392 NW 35 TERR STE 206 MIAMI, FL 33122	Mailing Address 7392 NW 35 TERR STE 206 MIAMI, FL 33122
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2. Principal Place of Business - No P.O. Box # 1605E 1st St Suite, Apt. #, etc. 601	3. Mailing Address 1605E 1st St Suite, Apt. #, etc. 601
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City & State Miami, FL	City & State Miami, FL
Zip 33131	Zip 33131
Country	Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1139498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEIN, JORGE E 7392 NW 35 TERR 206 MIAMI, FL 33145
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7. Name and Address of New Registered Agent Name Jorge E. Stein Street Address (P.O. Box Number is Not Acceptable) 1605E 1st St Suite 601 City Miami FL Zip Code 33131

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.

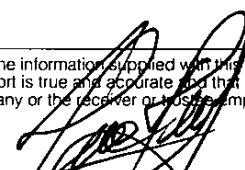
SIGNATURE 	<small>Signature of person appointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIN, JORGE E		NAME	
STREET ADDRESS 7392 NW 35TH TERR 206		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMAN, NORBERTO		NAME	
STREET ADDRESS 7392 NW 35 TERR 206		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIN, JORGE E		NAME	
STREET ADDRESS 7392 NW 35 TERR 206		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMAN, NORBERTO		NAME	
STREET ADDRESS 7392 NW 35 TERR		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	DATE 02/08/07	DAYTIME PHONE #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		