
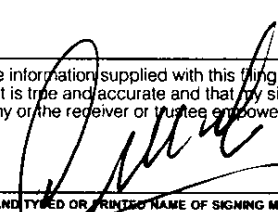


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90072 001 \*\*\*138.75

<b>DOCUMENT # L01000016296</b>					
1. Entity Name <b>REDALCACY LLC</b>					
Principal Place of Business 168 SE 1ST ST 601 MIAMI, FL 33131		Mailing Address H168 SE 1ST ST 601 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STEIN, JORGE E</b> 168 SE 1ST ST STE 601 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JORGE E		NAME	STEIN, JORGE E.	
STREET ADDRESS	7392 NW 35TH TERR 206		STREET ADDRESS	168 S.E. 1st Street - Suite 601	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI - FL - 33131	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, NORBERTO		NAME	ROMAN, NORBERTO	
STREET ADDRESS	7392 NW 35 TERR 206		STREET ADDRESS	168 S.E. 1st Street - Suite 601	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI - FL - 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JORGE E		NAME	STEIN, JORGE E.	
STREET ADDRESS	7392 NW 35 TERR 206		STREET ADDRESS	168 S.E. 1st Street - Suite 601	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI - FL - 33131	
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: 		Norberto Roman		01-22-08 (305) 381-6810	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	