

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90123 018 \*\*\*138.75

**DOCUMENT # L00000006880**

1. Entity Name  
**REDD PROPERTIES II, LLC**



Principal Place of Business  
**2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

Mailing Address  
**2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

2. Principal Place of Business - P.O. Box #  
**2075 Centre Pointe Blvd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**same**

City & State  
**Tallahassee FL**

City & State

Zip  
**32308**

Country

Zip

Country

02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-2961864**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REDD, HARRY L  
2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2075 Centre Pointe Blvd., Ste. 200**

City  
**Tallahassee**

FL

Zip Code  
**32308**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
REDD, HARRY L  
2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301** ☐ Delete

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2075 Centre Pointe Blvd., Ste. 200  
Tallahassee, FL 32308** ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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: **Harry L. Redd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-22-08 850-878-6189**