


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2008 90123 020 ***138.75

DOCUMENT # L00000007000					
1. Entity Name REDD PROPERTIES I, LLC					
Principal Place of Business 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301			Mailing Address 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 2075 Centre Pointe Blvd		3. Mailing Address Same			
Suite, Apt. #, etc. Suite 200		City & State Tallahassee FL			
Zip 32308		Country		City & State Tallahassee FL	
4. FEI Number 59-3688216		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDD, HARRY L 2727 APALACHEE PKWY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2075 Centre Pointe Blvd. Ste. 200 Tallahassee, FL 32308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Harry L. Redd</u>		Date: <u>4-22-08</u>		Daytime Phone #: <u>850-878-6189</u>	