2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000021882

1. Entity Name
REDEVCO GRAND, LLC

Principal Place of Business	Mailing Address
1175 NE 125TH ST. STE 103 MIAMI, FL 33161	1175 NE 125TH ST. STE 103 MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
01-0635271		Not Applicable

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

6. Name and Address of Current Registered Agent

SINKLE KOLSKY, DEBRA L
1175 NE 125TH ST. STE 103
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KOLSKY, DEBRA SINKLE
STREET ADDRESS	1175 NE 125TH ST. STE 103
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000691751
04/13/07-80023-010 50.00

DO NOT WRITE IN THIS SPACE

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: _Debra Sinkle Kolsky_   3/1/07   305-981-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

POSTED