2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000014654

1. Entity Name RGD RESIDENTIAL, LLC

Apr 28, 2006 08:00 AN Secretary of State

FILED

Principal Place of Business

Mailing Address

247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714

247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714



04192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0675268

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ GRAY, HARRIS & ROBINSON, P.A. 301 EAST PINE STREET, STE. 1400 ORLANDO, FL 32801

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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, 2006 U00000541982 05/10/06-80077-009 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714 MGRM PASCIONI, GARY
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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:

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

Picerne 4/27/06 40

Daytime Phone #