


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90119 001 ***660.00

DOCUMENT # L02000018655

1. Entity Name
RE DEVELOPMENT INVESTMENTS, L.L.C.



Principal Place of Business
**C/O SAMUEL BLOCK, P.A.
 3339 CARDINAL DRIVE SUITE 200
 VERO BEACH, FL 32963**

Mailing Address
**C/O SAMUEL BLOCK, P.A.
 3339 CARDINAL DRIVE SUITE 200
 VERO BEACH, FL 32963**

30006827



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012006 Chg-LLC CR2E083 (11/05)

City & State

Zip Country

4. FEI Number
13-4207300

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A
 979 BEACHLAND BLVD.
 VERO BEACH, FL 32963**

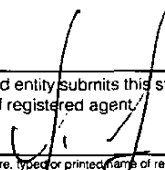
7. Name and Address of New Registered Agent

Name
YANE F. ZANA

Street Address (P.O. Box Number is Not Acceptable)
66 North Atlantic Avenue, Suite 205

City **Cocoa Beach** FL Zip Code **32931**

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  **YANE F. ZANA, Managing Member + President 5/1/06**
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**

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

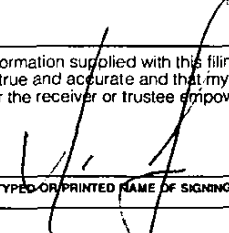
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANA, YANE 3339 CARDINAL DRIVE SUITE 200 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  **YANE F. ZANA, Managing Member 5/1/06 (772)5323418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #