

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033290

Entity Name: RL HOMES, LLC

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

13131 SW 132 STREET, SUITE 202
MIAMI, FL 33186

New Principal Place of Business:

8209 SW 189 TERRACE
MIAMI, FL 33157 US

Current Mailing Address:

13131 SW 132 STREET, SUITE 202
MIAMI, FL 33186

New Mailing Address:

P.O. BOX 570816
MIAMI, FL 332570816 US

FEI Number: 27-0047317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON LEVINE MANAGEMENT, INC.
13131 SW 132ND STREET
SUITE 202
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

REARDON LEVINE MANAGEMENT, INC.
8209 SW 189 TERRACE
MIAMI, FL 33157 US

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.

SIGNATURE:

03/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REARDON, ERIC T
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Delete
Name: LEVINE, DANIEL A
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNOWLEDGE PARTNERS I, NC.
Address: 825 BELLA VISTA AVE.
City-St-Zip: CORAL GABLES, FL 331566447 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KNOWLEDGE PARTNERS INC.

MGR

03/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date