

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026195

Entity Name: RL HOMES II, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

18629 SW 107 AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18629 SW 107 AVENUE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-0157904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REARDON LEVINE MANAGEMENT, INC.
18629 SW 107 AVENUE
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: REARDON, ERIC T
Address: 15964 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: LEVINE, DANIEL A
Address: 701 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REARDON, ERIC T
Address: 15964 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM (X) Change () Addition
Name: LEVINE, DANIEL A
Address: 701 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL A LEVINE

MGRM

05/01/2005

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