

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030789

Entity Name: RL HOMES IV, LLC

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

18629 SW 107TH AVENUE
MIAMI, FL 33157

New Principal Place of Business:

13131 SW 132ND STREET, SUITE 202
MIAMI, FL 33186

Current Mailing Address:

18629 SW 107TH AVENUE
MIAMI, FL 33157

New Mailing Address:

13131 SW 132ND STREET, SUITE 202
MIAMI, FL 33186

FEI Number: 20-0159536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

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/MANAGERS:

Title: MGRM () Delete
Name: LEVINE, DANIEL A
Address: 18629 SW 107TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: REARDON, ERIC T
Address: 18629 SW 107TH AVENUE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

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

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: DANIEL LEVINE

MGMR

03/07/2006

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