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# S LIMITED LIABILITY COMPANY ANNUAL REPORT

MENT # L03000035669

RD LAKES, LLC

Mailing Address
6402 W. LINEBAUGH AVENUE
TAMPA, FL 33625

Place of Business
W. LINEBAUGH AVENUE
DA, FL 33625

01122006No Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

4. FEI Number
56-2395183

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

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6. Name and Address of Current Registered Agent

FELDMAN, DONNA J ESQ
19321 C US HWY 19 #103
CLEARWATER, FL 33762

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

MANAGING MEMBERS/MANAGERS

| 9. | |
|---|---|
| TITLE | MGRM |
| NAME | BURCAW DEVELOPMENT GROUP, INC. |
| STREET ADDRESS | 6402 W. LINEBAUGH AVENUE |
| CITY-ST-ZIP | TAMPA, FL 33625 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statu.. 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 n. limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Laurie Burcaw 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date