2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L03000041267** 1. Entity Name 06 APR 14 EH 11: 27 REDLANDS ONE, LLC CLOCK A LY OF STATE TALL ANALOGE LET FRICK Principal Place of Business Mailing Address 17855 SW 248TH STREET 17855 SW 248TH STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 CR2E083 (11/05) 01092006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTZKE, BARNEY W SR. DO NOT WRITE 17855 SW 248TH STREET HOMESTEAD, FL 33031 IN THIS SPACE 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. 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RUTZKE, BARNEY W SR. NAME STREET ADDRESS 17855 SW 248TH STREET CITY-ST-ZIP HOMESTEAD, FL 33031 200072746142 04/28/06--01033--029 ***350,00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: VENTINEY

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER, OR AUTHORIZED REPRESENTATIVE

. USR 4/1

305-2454595

Daytime Phone #