## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L03000041272 1. Entity Name REDLANDS TWO, LLC 06 APR 14 EM 11: 27 COCCUMANT OF STATE Principal Place of Business Mailing Address 17855 SW 248TH STREET 17855 SW 248TH STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 CR2E083 (11/05) O 6 01092006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RUTZKE, BARNEY W SR. STREET ADDRESS 17855 SW 248TH STREET HOMESTEAD, FL 33031 CITY-ST-7IP TITLE NAME 100072746231 04/28/06--01033--029 \*\*350.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MEMBER, OR AUTHORIZED REPRÉSENTATIVE