

\$ 50.00

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 FEB 15 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102007 No Chg-LLC

CR2E083 (11/05) 07


4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DOCUMENT # L03000041285  
1. Entity Name  
REDLANDS FOUR, LLC



Principal Place of Business  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

Mailing Address  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RUTZKE, BARNEY W SR.  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

**DO NOT WRITE 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, 2007

500088900765  
02/21/07--01026--024 \*\*350.00

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>RUTZKE, BARNEY W SR.<br>17855 SW 248TH STREET<br>HOMESTEAD, FL 33031 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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: Barney W. Rutzke 2-7-07 305-245-4595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #