


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90057 037 ****50.00

DOCUMENT # L04000002733 1. Entity Name RDH PROPERTIES OF PORT ST. LUCIE, LLC					
Principal Place of Business 270 LAYNE BLVD #302 HALLANDALE, FL 33009				Mailing Address 270 LAYNE BLVD #302 HALLANDALE, FL 33009	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1002 SW FISHERMAN AVE		Suite, Apt. #, etc. 1002 SW FISHERMAN AVE			
City & State PORT ST. LUCIE FL.		City & State PORT ST. LUCIE FL.			
Zip 34953		Country USA		4. FEI Number 65-1214204	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HARNACK, ROBERT 270 LAYNE BLVD #302 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1002 S.W. FISHERMAN AVE City PORT ST. LUCIE FL Zip Code 34953			
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 <u>Robert D. Harnack - Robert Harnack MGR</u> DATE <u>4-20-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARNACK, ROBERT 270 LAYNE BLVD #302 HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Robert Harnack MGR</u> DATE <u>4-20-06</u> DAYTIME PHONE # <u>941-815-9110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					