2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0400036835 1. Eratity Name RED HILLS DEVELOPMENT GROUP LLC						FILED RETARY OF AHASSEE.I JUL 25 PM			
Principal Place of Business 300 E. PARK AVENUE TALLAHASSEE, FL 32301		Mailing Address 300 E. PARK AVENUE TALLAHASSEE, FL 32301			katal alama alama alama alam				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07252005	Chg-LLC	CR2E08	33 (10/03)		
City & State		City & State		4. FEI Numbe	ſ			pplied For at Applicable	
Zip	Country	Zip	Count	ту	<u> </u>	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New F	legistered A	gent	
			ŀ	Name					
300 E. PAI	IN, D. LANCE RK AVENUE SSEE, FL 32301			Street Address	Street Address (P.O. Box Number Is Not Acceptable)				
				City	· 		FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	d office or registe	red agent, or bott	h, in the State of Fi	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature require	when reinstating)		DATE		
Fil	Signature, typed or printed name of registered agent a ling Fee is \$50.00 by September 7, 2005	nd title if applicable. (NOTE:	Registered	Agent signatura requirer	d when reinstating)		DATE te check pa a Departme		
Fil Due t	ing Fee is \$50.00 by September 7, 2005			Agent signature require	s when reinstating)	Florid	te check pa a Departme		
Fil	ing Fee is \$50.00		10. TITLE NAME STREE		s when reinstating)		te check pa a Departme		Addition
9. ITILE MAME STREET ADDRESS CITY-ST-ZIP ITILE MAME	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBE MGRM STONE, PHILIP T 1621 TWIN LAKES CIRCLE	RS/MANAGERS	10. ITHE NAME STREE CITY- ITHE NAME	ET ADDRESS ST-ZIP		ADDITIONS	ce check par a Departme	Change	
9. ITILE NAME STREET ADDRESS CITY-ST-2P ITILE	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBE MGRM STONE, PHILIP T 1621 TWIN LAKES CIRCLE	RS/MANAGERS	10. ITALE NAME STREE CITY- ITALE NAME STREE	ET ADDRESS ST-ZIP		Florid	ce check par a Departme	Change	Addition
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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 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 MA

7-25-05