

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000039402

1. Entity Name
RADALAN REAL ESTATE INVESTORS, LLC



**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90094 032 ****50.00

Principal Place of Business
11211 PROSPERITY FARMS RD, STE C-211
PALM BEACH GARDENS, FL 33410

Mailing Address
11211 PROSPERITY FARMS RD, STE C-211
PALM BEACH GARDENS, FL 33410



04212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
20-1166876

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410

Name **MURA MATHASON**

Street Address (P.O. Box Number is Not Acceptable)

11211 Prosperity Farms Rd #C-211
City: *Palm Beach Gardens FL* Zip Code: *33410*

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

Mura Mathason

Mura Mathason, President

4/21/05

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS.

10.

ADDITIONS/CHANGES

TITLE MGR Delete
NAME MATHASON, MURA
STREET ADDRESS 11211 PROSPERITY FARMS RD, STE C-211
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGR Delete
NAME MATHASON, JON L
STREET ADDRESS 11211 PROSPERITY FARMS RD, STE C-211
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

TITLE Delete
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Mura Mathason

Mura Mathason

4/21/05 561-622-8208

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE