



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 23 AM 8:52

DOCUMENT # L04000040233 1. Entity Name RDAS, 01748ZH, L.C.					
Principal Place of Business 4820 PARK BLVD. PINELLAS PARK, FL 33781			Mailing Address 4820 PARK BLVD. PINELLAS PARK, FL 33781		
2. Principal Place of Business 5406 A GALL BLVD. Suite, Apt. #, etc.		3. Mailing Address 4711 34th ST. N Suite, Apt. #, etc. SUITE D			
City & State ZEPHYRHILLS FL		City & State ST. PETERSBURG FL		4. FEI Number 20-1222680	
Zip 33541		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. C/O O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33784				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYHEW, MICHAEL K 115 13TH AVE NE SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUDINEER, JON 19109 LARCHMONT DR ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANK MARINELLI 14126 WHISPERWOOD DRIVE CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACK OBERDING 2555 HERON LANE N. CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 				
10. ADDITIONS/CHANGES					
600075093386 05/23/06--01030--003 **488.75					
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 5/1/06	
Daytime Phone # 727-525-5045					