

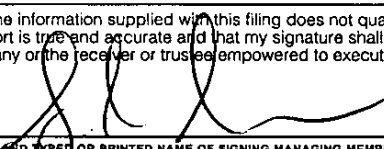


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|--|---|--|--|---|--|
| DOCUMENT # L04000040234 1. Entity Name RDAS, 27600NP, 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 5425 Village MARKET | | 3. Mailing Address 4711 3rd St. N | |  | |
| Suite, Apt. #, etc. Suite D | | Suite, Apt. #, etc. Suite D | | | |
| City & State Wesley Chapel, FL | | City & State St. Petersburg, FL | | | |
| Zip 33543 | | Country USA | | 03292006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 20-1226490 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| City & State Wesley Chapel, FL | | City & State St. Petersburg, FL | | | |
| 6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. C/O O'CONNOR & ASSOCIATES 240 BELLEAIR ROAD, SUITE 400 1250 S. BELCHER ST/10 CLEARWATER, FL 33781 LARGO, FL 33771 | | | 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MATHEW, MICHAEL K 116 13TH AVE NE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800075093448 05/23/06--01030--003 ***488 75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAUDINEER, JON 19109 LARCHMONT ODESSA, FL 33556 | <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 | MGR FRANK MARINELLI 14126 WHISPERWOOD DR. CLEARWATER FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACK OBERDING 2555 HERON LANE N CLEARWATER FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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"/> Delete | <input type="checkbox"/> Delete | 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:  | | | Date: 5/1/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone #: 727-525-5045 | | |