

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056135

FILED
Apr 25, 2005
Secretary of State

Entity Name: RED LABOR LLC

Current Principal Place of Business:

5318 FLORENTINE CT
SPRING HILL, FL 34608 US

New Principal Place of Business:

1465 MATICO AVE.
SPRING HILL, FL 34608 US

Current Mailing Address:

5318 FLORENTINE CT
SPRING HILL, FL 34608 US

New Mailing Address:

1465 MATICO AVE.
SPRING HILL, FL 34608 US

FEI Number: 54-2157095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVE, RAU
5318 FLORENTINE CT
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

BERTRAND, JOSHUA R MR.
1465 MATICO AVE.
SPRING HILL, FL 34608 US

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.

SIGNATURE: JOSHUA R. BERTRAND

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVE, RAU
Address: 5318 FLORENTINE CT
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGR () Delete
Name: JOSH, BERTRAND
Address: 2838A AMERICANA CIR
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JOSHUA, BERTRAND R
Address: 1465 MATICO AVE.
City-St-Zip: SPRING HILL, FL 34608 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSHUA R. BERTRAND

MR.

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date