2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2007 8:00 am **Secretary of State DOCUMENT # L04000075116** 1. Entity Name 01-31-2007 90122 017 ****50.00 REDLAND PARK, LLC Mailing Address Principal Place of Business 23799 S.W. 167TH AVENUE 23799 S.W. 167TH AVENUE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 01192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0412268 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNZ, CHARLES P DO NOT WRITE 23799 S.W. 167TH AVENUE HOMESTEAD, FL 33031 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE 4 NAME ; MUNZ, CHARLES P. 23799 S.W. 167TH AVENUE STREET APORESS HOMESTEAD, FL 33031 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITI F STREET ADORESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

11. I hereby certify that the information supplied with this King 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: 4

SIGNATURE AND T

NAME STREET ADDRESS CITY-ST-ZIP

BER, OR AUTHORIZED REPRESENTATIVE

FILED