2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000007181

1. Entity Name RDA INVESTMENT GROUP LLC



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

7378 W. ATLANTIC BLVD. #269 MARGATE, FL 33063 7378 W. ATLANTIC BLVD. #269 MARGATE, FL 33063



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 25-1917203

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAM, DAVID 7378 W. ATLANTIC BLVD. #269 MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

B. 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)	DATE	_

Filing Fee is \$50.00 Due by May 1, 2007

I		
9.	9. MANAGING MEMBERS/MANAGERS	
TITLE -	MGRM	
NAME	ABRAM, DAVID	
STREET ADDRESS	5721 NE 21ST ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33063	
TITLE	MGRM	
NAME	ABRAM, ROGER	
STREET ADDRESS	268 NW 107TH TERRACE	
Crity-St-Zip	CORAL SPRINGS, FL 33071	
TITLE		
NAME	· ·	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
THILE		
NAME	•	
STREET ADDRESS	•	
CITY-ST-ZIP	1	
TITLE -	-	
NAME -	•	
STREET ADDRESS	,	
CITY-ST-ZIP 🐛	<u>.</u> .j	

U00000738428 05/11/07-80066-012 50.00

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

4/3/0

754-733-2500

Daytime Phone i