


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 001 \*\*\*150.00

DOCUMENT # L05000019131 1. Entity Name REDLANDS COVE DEVELOPMENT, L.L.C.	
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Principal Place of Business 12248 SW 133 CT MIAMI, FL 33186	Mailing Address 12248 SW 133 CT MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 33-1112738	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DELGADO, OMAR  
 12248 SW 133 CT  
 MIAMI, FL 33186

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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.

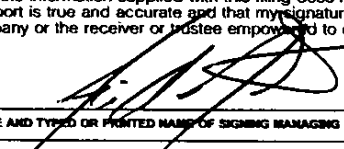
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, OMAR 12248 SW 133 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVILA, JAVIER 12248 SW 133 CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRETE, FRANCISCO A 12248 SW 133 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRETE, JOSE E 12248 SW 133 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 4/29/08  
Date Daytime Phone #