2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028285

1. Entity Name
RED SPRINGS COMMONS, LLC

Principal Place of Business	Mailing Address
801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162	801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
83-0442122	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL H
801 N.E. 167TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

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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

U00000791468
01/23/08-80076-021 138.75

9.		MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISSER, MICHAEL H
STREET ADDRESS	801 N.E. 767 ST., 2ND FLOOR
CITY-ST-ZIP	NORT MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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: _Michael W. Weisser_   1-15-07   305-690-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #