

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90031 029 \*\*\*\*50.00

<b>DOCUMENT # L05000078430</b>					
<b>1. Entity Name</b> REDEVCO PALMS, LLC					
<b>Principal Place of Business</b> 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161			<b>Mailing Address</b> 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		City & State	
<b>4. FEI Number</b> 203302035					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> KOLSKY, DEBRA S 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>					
<b>Make check payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOLSKY, DEBRA S 1175 NE 125TH STREET, SUITE 103 NORTH MIAMI, FL 33161				
<input type="checkbox"/> Delete					
<b>10. ADDITIONS/CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Debra S. Kolsky</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>4/11/06</u>					
Daytime Phone # <u>305-581-4500</u>					