


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90077 005 ***138.75

DOCUMENT # L05000080090	
1. Entity Name REDWOOD PROPERTIES LLC	

Principal Place of Business 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777	Mailing Address 4710 15TH AVE. S.W. NAPLES, FL 34116
---	--

60041496

2. Principal Place of Business - No P.O. Box # Same	3. Mailing Address 700 Eleventh Street South
Suite, Apt. #, etc.	Suite, Apt. #, etc. PH2



City & State Naples, FL	City & State Naples, FL
Zip 34102-6777	Country USA

04242008 Chg-LLC CR2E083 (12/06)

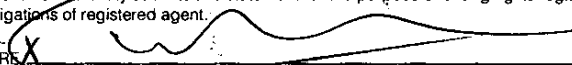
4. FEI Number
20-3348109

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

6. Name and Address of Current Registered Agent MORRISON, CANDACE 4710 15TH AVE. S.W. NAPLES, FL 34116
--

7. Name and Address of New Registered Agent Name Cable Advisory INC. Street Address (P.O. Box Number is Not Acceptable) 700 Eleventh Street South PH2 City Naples FL 34102-6777

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.

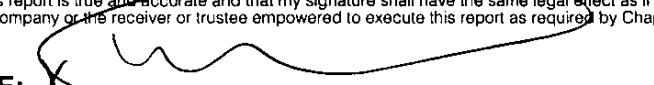
SIGNATURE  DATE **4.24.08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FICUS GROUP, LLC 855 SEVENTH ST S NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AOMAC Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bison Court, Road-Town, Tortola British Virgin Islands
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4.24.08 (239) 430-4310**