


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L05000104660 |  |
| 1. Entity Name REDLAND GREEN NORTH, LLC | |

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| Principal Place of Business 19025 S.W. 264 STREET HOMESTEAD FL 33031 | Mailing Address 19025 S.W. 264 STREET HOMESTEAD FL 33031 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/07)


| | | |
|---|--|---|
| 4. FEI Number 20-3812820 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQ. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL 33134 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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.

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| SIGNATURE _____ <small>Signatures typed or printed name of registered agent and this is applicable (NOTE: Registered Agent's signature required when changing)</small> | DATE _____ |
| <p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p> | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAUGHERTY, MICHAEL J SR. 19025 S.W. 264 STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000830286 04/22/08-80089-002 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAUGHERTY, KAREN A 19025 S.W. 264 STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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|---|---------|--------------|
| SIGNATURE:  | 4-10-08 | 305-248-8309 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |