


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90057 036 \*\*\*\*50.00  
09-05-2006 90050 033 \*\*\*\*50.00

<b>DOCUMENT # L05000110912</b> 1. Entity Name <b>RDH PROPERTIES OF SOUTH FLORIDA, LLC</b>					
Principal Place of Business <b>270 LAYNE BLVD., #302 HALLANDALE, FL 33009</b>			Mailing Address <b>270 LAYNE BLVD., #302 HALLANDALE, FL 33009</b>		
2. Principal Place of Business <b>1002 SW FISHERMAN AVE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PORT ST. LUCIE FL.</b>		City & State		4. FEI Number <b>55-0907453</b>	
Zip <b>34953</b>		Country <b>ST. LUCIE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARNACK, ROBERT D 270 LAYNE BLVD., #302 HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>ROBERT D. HARNACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1002 SW FISHERMAN AVE.</b> City <b>PORT ST. LUCIE</b> <b>FL</b> Zip Code <b>34953</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. SIGNATURE <b>Robert D. Harnack</b> <b>ROBERT D. HARNACK</b> <b>8-28-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HARNACK, ROBERT D 270 LAYNE BLVD., #302 HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1002 SW FISHERMAN AVE. PORT ST. LUCIE FL. 34953</b>	<input checked="" 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			
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: <b>Robert D. Harnack</b> <b>ROBERT D. HARNACK</b>				<b>8-28-06 954.815.9110</b> <small>Date Daytime Phone #</small>	