


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 028 ****50.00

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| DOCUMENT # L05000110912 | |  |
| 1. Entity Name RDH PROPERTIES OF SOUTH FLORIDA, LLC | | |

| | |
|--|--|
| Principal Place of Business 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953 | Mailing Address 270 LAYNE BLVD., #302 HALLANDALE, FL 33009 |
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| | | | |
|--|---------|---|------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>1002 S.W. FISHERMAN AVE</i> | |
| City & State | | City & State <i>PORT ST. LUCIE, FL.</i> | |
| Zip | Country | Zip | Country |
| | | <i>34953</i> | <i>USA</i> |

60050043



04252007 Chg-LLC CR2E083 (12/06)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARNACK, ROBERT D 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953 | | 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARNACK, ROBERT D 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953 <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 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: *Robert D. Harnack* *11/04* *425-07* *954-215-9110*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #