## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000110912

1. Entity Name

RDH PROPERTIES OF SOUTH FLORIDA, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 55-0907453

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARNACK, ROBERT D 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953

CITY-ST-ZIP

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8. The above the obligat	named entity submits this statement for the purpose of changing its regions of registered agent.	L istered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg	ristered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARNACK, ROBERT D 1002 SW FISHERMAN AVE PORT SAINT LUCIE, FL 34953		000000925888 05/20/08-80045-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		DO	NOT WRITE
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	,		THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE