

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014128

FILED
Apr 30, 2008
Secretary of State

Entity Name: RED ROAD RESIDENTIAL, LLC

Current Principal Place of Business:

6316 SW 9TH STREET
MIAMI, FL 33144

New Principal Place of Business:

250 CATALONIA AVE
504
CORAL GABLES, FL 33134

Current Mailing Address:

6316 SW 9TH STREET
MIAMI, FL 33144

New Mailing Address:

250 CATALONIA AVE
504
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, GISEL
6316 SW 9TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GONZALEZ, GISEL
250 CATALONIA AVE
504
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GISEL GONZALEZ

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, GISEL
Address: 6316 SW 9TH STREET
City-St-Zip: MIAMI, FL 33144 US

Title: MGR () Delete
Name: RIOS, JESUS
Address: 4120 SW 69TH AVENUE
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, GISEL
Address: 250 CATALONIA AVE SUITE 504
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Change () Addition
Name: RIOS, JESUS
Address: 250 CATALONIA AVE SUITE 504
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GISEL GONZALEZ

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date