


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 025 ****50.00

DOCUMENT # L06000083811					
1. Entity Name RDP APPAREL VENTURES, LLC					
Principal Place of Business 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134		
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		
6. Name and Address of Current Registered Agent HOFFMAN, STUART K ESQ. % HUNTON & WILLIAMS LLP 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>M+W AGENTS, INC.</u> Street Address (P.O. Box Number is Not Acceptable): <u>BOCA CORP CENTER, SUITE 107</u> <u>2101 CORPORATE BLVD</u> City: <u>BOCA RATON</u> FL Zip Code: <u>33431</u>		
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: <u>[Signature]</u> <u>DONALD R. TESCHER, PRESIDENT</u> DATE: <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>JUDITH GASKELL</u> <u>AUTHORIZED REP</u> Date: <u>4/10/07</u> Daytime Phone #: <u>(305) 442-4342</u>		



02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4341362 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required