

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY-MAY 1, 2008 4/**

FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90015 003 ***138.75

DOCUMENT # L07000053101 1. Entity Name SOUTHWIND VILLAGE RPF, LLC	
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Principal Place of Business 19701 N.E. 21ST COURT MIAMI FL 33179	Mailing Address 19701 N.E. 21ST COURT MIAMI FL 33179
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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

1st MOORE CR2E083 (10/07)

5. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 19701 N.E. 21ST COURT MIAMI FL 33179	
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4. FEI Number 26-0221497	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

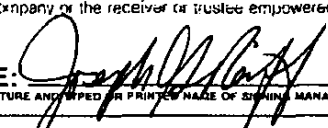
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature must be printed name of registered agent or authorized representative	(NOTE: Registered agent signature required when renewing)	DATE
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE REIFF/PARKER PARTNERSHIP, LLC 19701 N.E. 21ST COURT MIAMI FL 33179	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JOSEPH G. REIFF	4/15/08	9547204004
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE	DELIVER PRICE