

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093392

Entity Name: REDEEMED ESTATES, LLC

FILED  
Sep 16, 2008  
Secretary of State

## Current Principal Place of Business:

7862 W. IRLO BRONSON HWY  
346  
KISSIMMEE, FL 34747

## New Principal Place of Business:

617 E WASHINGTON ST  
# 3  
ORLANDO, FL 32801

## Current Mailing Address:

7862 W. IRLO BRONSON HWY  
346  
KISSIMMEE, FL 34747

## New Mailing Address:

PO BOX 532082  
ORLANDO, FL 32853

FEI Number: 26-0896162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JAISEN, STANGO  
7862 W. IRLO BRONSON HWY  
346  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

STANGO, JAISEN  
617 E WASHINGTON ST  
# 3  
ORLANDO, FL 32801 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: JAISEN STANGO

09/16/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JAISEN, STANGO  
Address: 7862 W. IRLO BRONSON HWY # 346  
City-St-Zip: KISSIMMEE, FL 34747

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JAISEN, STANGO  
Address: 617 E WASHINGTON ST # 3  
City-St-Zip: ORLANDO, FL 32801

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: JAISEN STANGO

MGMR

09/16/2008

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