

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 22 PM 2: 07

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001022**

REDFORD EUROPEAN LC
1220 N. MARKET ST, SUITE 606
WILMINGTON DE 19801

1a. Principal Place of Business Address

LA COLLINETTE
SARK
CHANNEL ISLANDS

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/17/1997

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

NOT APPLICABLE

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

03/30/1998

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when initial filing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

GRASSICK, JAMES WILLIA

LA COLLINETTE/SARK

CHANNEL ISLANDS

MGR

CROSHAW, PHILIP MARK

LA COLLINETTE/THE AVENUE

CHANNEL ISLANDS

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1321.25 *188.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. **Janet M. Caruccio, Attorney-in-fact for Philip M. Croshaw, Mgr**

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MEMBER OR MEMBER INFORMATION

4/31/99

300-421-5750