

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004367

FILED
May 16, 2007
Secretary of State

Entity Name: RELDA, LLC

Current Principal Place of Business:

4430 EAST ADAMO DR
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

4430 EAST ADAMO DR
TAMPA, FL 33605

New Mailing Address:

FEI Number: 13-4068819 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:

SINGLETON, TONY PRES
C/O RELDA, LLC
4430 EAST ADAMO DRIVE, #306
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SINGLETON, TONY
Address: 610 BATTAN COURT
City-St-Zip: TAMPA, FL 33602

Title: V () Delete
Name: SALZMAN, BARRY
Address: 115 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10023

Title: T () Delete
Name: GREENBERG, CRAIG
Address: 134 KIRSON AVE
City-St-Zip: SI, NY 10314

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG GREENBERG

CFO

05/16/2007

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