

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039009

Entity Name: LITTLE MUNYON, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

450 E. LAS OLAS BLVD  
SUITE 1500  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

450 E. LAS OLAS BLVD  
SUITE 1500  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
LAS OLAS CENTRE II, SUITE 1600  
350 E. OLAS BLVD  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

SERVICE USA, INC.  
450 E LAS OLAS BLVD, SUITE 1500  
FT LAUDERDALE, FL 33301 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: CRIS V BRANDEN

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RSBC DELEWARE, LLC  
Address: 450 E. LAS OLAS BLVD., STE 1500  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RSBC DELAWARE, LLC  
Address: 450 E. LAS OLAS BLVD., STE 1500  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: CRIS V BRANDEN

VP

04/22/2009

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