

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005586

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: RESPONSIVE HOLDINGS LLC

**Current Principal Place of Business:**

18459 PINES BLVD. #319  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**Current Mailing Address:**

18459 PINES BLVD. #319  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

FEI Number: 61-1533624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: MACHUL, JOHN D  
Address: 3201 N.E. 183RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: AROCHO, VICTOR  
Address: 18459 PINES BLVD. #319  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

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: HECTOR M ESTRADA

CFO

03/26/2008

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