

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021643

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** REDFEATHER HOLDINGS, L.L.C.

**Current Principal Place of Business:**

25 WALTER MARTIN ROAD NE  
SUITE 101  
FT. WALTON BEACH, FL

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BROADERIP COMPANIES, L.L.C.  
8035 NORTH 85TH WAY  
SCOTTSDALE, AZ 85258

**New Mailing Address:**

C/O BROADERIP COMPANIES, L.L.C.  
8130 E. CACTUS ROAD SUITE 500  
SCOTTSDALE, AZ 85260

**FEI Number:** 01-0672342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERMANN, RICHARD P  
25 WALTER MARTIN ROAD NE  
SUITE 101  
FT. WALTON BEACH, FL 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BROADERIP COMPANIES,, L.L.C.  
Address: 8035 NORTH 85TH WAY  
City-St-Zip: SCOTTSDALE, AZ 85258

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROADERIP COMPANIES,, L.L.C.  
Address: 8130 E. CACTUS ROAD SUITE 500  
City-St-Zip: SCOTTSDALE, AZ 85260

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRENT BROADERIP

MGRM

04/26/2005

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