

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021643

FILED  
May 18, 2006  
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.  
8130 E. CACTUS ROAD SUITE 500  
SCOTTSDALE, AZ 85260

**New Mailing Address:**

**FEI Number:** 01-0672342      **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:**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENT BROADERIP

MGRM

05/18/2006

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