

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021643

FILED
Feb 26, 2009
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:

8937 EAST BELL ROAD
SUITE 202
SCOTTSDALE, AZ 85260 US

Current Mailing Address:

C/O BROADERIP COMPANIES, L.L.C.
8937 E. BELL ROAD SUITE 202
SCOTTSDALE, AZ 85260

New Mailing Address:

8937 EAST BELL ROAD
SUITE 202
SCOTTSDALE, AZ 85260 US

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:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROADERIP COMPANIES,, L.L.C.
Address: 8937 E. BELL ROAD SUITE 202
City-St-Zip: SCOTTSDALE, AZ 85260

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROADERIP COMPANIES,, L.L.C.
Address: 8937 EAST BELL ROAD, SUITE 202
City-St-Zip: SCOTTSDALE, AZ 85260 US

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: W.K. BRENT BROADERIP

MGRM

02/26/2009

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