

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013022

Entity Name: R & D INVESTORS, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

3195 N POWERLINE RD  
STE 100  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3195 N POWERLINE RD  
STE 100  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 01-0711875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHAHADY, THOMAS R ESQ  
350 EAST LAS OLAS BLVD.  
SUITE 1700  
FORT LAUDERDALE, FL 33301 US

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

ROEPNACK, ROBERT A MGRM  
3195 N POWERLINE RD  
STE 100  
POMPANO BEACH, FL 33069 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: ROBERT A. ROEPNACK

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROEPNACK, ROBERT A  
Address: 3195 N POWERLINE ROAD SUITE 100  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM (X) Delete  
Name: ROEPNACK, DAVID H  
Address: 5313 NW 89 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

**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: ROBERT A. ROEPNACK

MGRM

04/29/2009

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