

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001453

FILED
Apr 29, 2009
Secretary of State

Entity Name: SATURN FIDELITY TRUST, LLC

Current Principal Place of Business:

2328 TENTH AVE. NORTH, STE. 403
LAKE WORTH, FL 334616606

New Principal Place of Business:

Current Mailing Address:

2328 TENTH AVE. NORTH, STE. 403
LAKE WORTH, FL 334616606

New Mailing Address:

FEI Number: 04-3739677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUKIN, ROGER
2328 TENTH AVE. NORTH, STE. 403
LAKE WORTH, FL 334616606 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: MGRM () Delete
Name: RUKIN, JAMES B RT
Address: 2328 10TH AVE NO. STE 403
City-St-Zip: LAKE WORTH, FL 334616606

Title: MGRM () Delete
Name: RUKIN, JULIA R RT
Address: 2328 10TH AVE NO. STE 403
City-St-Zip: LAKE WORTH, FL 334616606

Title: MGRM () Delete
Name: RUKIN, ROGER B
Address: 2328 10TH AVE NO. STE 403
City-St-Zip: LAKE WORTH, FL 334616606

ADDITIONS/CHANGES:

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

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: ROGER B. RUKIN

MGRM

04/29/2009

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