

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066709

Entity Name: RAND GROUP, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

1447 TANGIER WAY  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1447 TANGIER WAY  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: PARRY, LAURENCE  
Address: 3701 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: SVIRSKY, MICHAEL  
Address: 7772 ALISTER MACKENZIE  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete  
Name: WATANABE, KAHORU  
Address: 5824 BEE RIDGE ROAD PMB 318  
City-St-Zip: SARASOTA, FL 34233

**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: LAURENCE PARRY

MR

04/29/2009

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