

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031931

FILED
Apr 23, 2009
Secretary of State

Entity Name: ROBERT A. IMBRIANI INC. L.L.C.

Current Principal Place of Business:

17000 PORTOFINO CIRCLE
UNIT#122
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

17000 PORTOFINO CIRCLE
#122
PALM BEACH GARDENS, FL 33418 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IMBRIANI, ROBERT
17000 PORTOFINO CIRCLE #122
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

17000 PORTOFINO CIRCLE
UNIT#125
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

17000 PORTOFINO CIRCLE
UNIT#125
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

IMBRIANI, ROBERT
17000 PORTOFINO CIRCLE #125
PALM BEACH GARDENS, FL 33418 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 IMBRIANI

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IMBRIANI, ROBERT A
Address: 17000 PORTOFINO CIRCLE #122
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IMBRIANI, ROBERT A
Address: 17000 PORTOFINO CIRCLE #125
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: ROBERT A IMBRIANI

MGR

04/23/2009

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