

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048841

Entity Name: RS1 LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

210 BAL CROSS DR.  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

210 BAL CROSS DR.  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 41-2206947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIEDLAND, STEVEN  
2817 N.E. 20TH COURT  
FORT LAUDERDALE, FL 33305 US

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

TUCKERMAN, RICK  
210 BAL CROSS DRIVE  
BAL HARBOUR, FL 33154 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: STEVEN FRIEDLAND

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TUCKERMAN, RICK  
Address: 13899 BISCAYNE BLVD., SUITE 156  
City-St-Zip: N. MIAMI BEACH, FL 33181

Title: MGRM ( ) Delete  
Name: FRIEDLAND, STEVEN  
Address: 1210-B WESTRIDGE RD  
City-St-Zip: GREENSBORO, NC 27410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TUCKERMAN, RICK  
Address: 210 BAL CROSS DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

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: RICK S. TUCKERMAN

MGRM

01/15/2009

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