

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061088

FILED
Apr 30, 2009
Secretary of State

Entity Name: LDR LLC

Current Principal Place of Business:

17400 STERLING LAKE DR
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

17400 STERLING LAKE DR
FORT MYERS, FL 33912 US

New Mailing Address:

17400 STERLING LAKE DR
FORT MYERS, FL 33967 US

FEI Number: 20-8043345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

RODINO, PETER W MGRM
17400 STERLING LAKE DR
FORT MYERS, FL 33967 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: PETER W RODINO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODINO, PETER
Address: 17400 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM () Delete
Name: LAKE, STEVEN
Address: 17400 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LAKE, STEPHEN
Address: 1 NEW CANAAN WAY
City-St-Zip: NORWALK, CT 06850 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: PETER W RODINO

MGRM

04/30/2009

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