

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093488

FILED
Apr 15, 2008
Secretary of State

Entity Name: RND EFUTURES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1640 CORSICA DR.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1640 CORSICA DR.
WELLINGTON, FL 33414 US

New Mailing Address:

1640 CORSICA DR.
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, RICKY G
1640 CORSICA DR.
WELLINGTON, FL 33414 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: MGR () Delete
Name: NEAL, RICKY G
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: NEAL, DEBORAH M
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: NEAL, BRENTON T
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: NEAL, BRYAN T
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: NEAL, BRANDON T
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: NEAL, BETHANY T
Address: 1640 CORSICA DR.
City-St-Zip: WELLINGTON, FL 33414 US

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:

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

Title: () Change () Addition
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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: RICKY G NEAL

MGR

04/15/2008

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