2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000093488

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:	MGRM	(X) Change ( ) Addition
Name:	NEAL, BRYAN T	
Address:	3658 OLD LIGHTHOUSE CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414 US	
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: RICKY G. NEAL MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date