

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043714

FILED  
May 26, 2009  
Secretary of State

**Entity Name:** LORDSHIP OF REPTON, LLC.

**Current Principal Place of Business:**

1955 NE 208 TERRACE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4066  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

BARONESS OF FULWOOD  
1955 NE 208 TERRACE  
MIAMI, FL 33179 US

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

LADY SARAH OF FULWOOD  
1955 NE 208 TERRACE  
MIAMI, FL 33179 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: LSOFF

05/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OF FULWOOD, THE BARONESS  
Address: PO BOX 4066  
City-St-Zip: HALLANDALE, FL 33008

Title: MGR ( ) Delete  
Name: OF FULWOOD, THE BARON  
Address: PO BOX 4066  
City-St-Zip: HALLANDALE, FL 33008

**ADDITIONS/CHANGES:**

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: BOF

PRES

05/26/2009

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