

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066020

Entity Name: RAK DELRAY, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-5305891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRLAND, ROBERT A
855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

CONDER, THERESA
855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 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: THERESA CONDER

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRLAND, ROBERT A
Address: 2350 N.W. 41ST STREET
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: CONDER, THERESA M
Address: 855 NW 17TH AVENUE, SUITE A
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIRLAND, ROBERT A
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR (X) Change () Addition
Name: CONDER, THERESA
Address: 855 NW 17TH AVENUE, SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 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: THERESA CONDER

MGR

04/24/2009

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