

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105859

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** RALPH LANE LLC

**Current Principal Place of Business:**

13039 SALINAS POINT WAY  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13039 SALINAS POINT WAY  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LANE, RALPH D PRES  
13039 SALINAS POINT WAY  
DELRAY BEACH, FL 33446 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: PRES ( ) Delete  
Name: LANE, RALPH D PRES  
Address: 13039 SALINAS POINT WAY  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

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:** RALPH D. LANE

PRES

01/15/2009

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