

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113310

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: RII LLC

## Current Principal Place of Business:

C/GERALD COHEN,ACKMAN-ZIFF REAL EST.  
110 EAST 42ND STREET  
NEW YORK, NY 10017

## New Principal Place of Business:

## Current Mailing Address:

C/GERALD COHEN,ACKMAN-ZIFF REAL EST.  
110 EAST 42ND STREET  
NEW YORK, NY 10017

## New Mailing Address:

FEI Number: 20-5940750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
CORPORATE CENTER THREE AT INTL. PLAZA  
4221 WEST BOY SCOUT BLVD., #1000  
TAMPA, FL 336075780 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: MGRM ( ) Delete  
Name: MASS FAMILY TRUST  
Address: 630 WEST 246TH ST  
City-St-Zip: BRONX, NY 10496

Title: MGRM ( ) Delete  
Name: BLANK, BENJAMIN  
Address: 502 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: MGRM ( ) Delete  
Name: BLASER, ALEXANDRA  
Address: 2 LINDSLEY DRIVE  
City-St-Zip: LARCHMONT, NY 10538

Title: MGRM ( ) Delete  
Name: BLASER, HEATHER  
Address: 2 LINDSLEY DRIVE  
City-St-Zip: LARCHMONT, NY 10538

Title: MGRM ( ) Delete  
Name: COHEN, GERALD S  
Address: 304 BETSY BROWN ROAD  
City-St-Zip: RYE BROOK, NY 10573

Title: MGRM ( ) Delete  
Name: DRUCKER, BARRY  
Address: 20 LONG LEDGE DRIVE  
City-St-Zip: RYE BROOK, NY 10573

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: H & JT FAMILY TRUST  
Address: 630 WEST 246TH ST  
City-St-Zip: BRONX, NY 10496

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  
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: GERALD S. COHEN

MGR

03/31/2009

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