

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024576

Entity Name: FLORIDA RPDS-1, LLC

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

15401 NW 85TH AVE
MIAMI, FL 33157

New Principal Place of Business:

55 SE 6TH STREET
UNIT 3002
MIAMI, FL 33131

Current Mailing Address:

15401 NW 85TH AVE
MIAMI, FL 33157

New Mailing Address:

20 JACOBS LANE
BETHEL, CT 06801

FEI Number: 71-1033640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMERO, RAMON
15401 NW 85TH AVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

PALMERO, RAMON I MGRM
55 SE 6TH STREET
UNIT 3002
MIAMI, FL 33131 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: RAMON PALMERO

02/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMERO, RAMON
Address: 15401 NW 85TH AVE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: SIGAL, DANILA
Address: 15401 NW 85TH AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: PALMERO, RAMON I MGRM
Address: 20 JACOBS LANE
City-St-Zip: BETHEL, CT 06801

Title: MRS (X) Change () Addition
Name: SIGAL, DANILA C MGRM
Address: 20 JACOBS LANE
City-St-Zip: BETHEL, CT 06801

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: RAMON PALMERO

MRGM

02/14/2009

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