

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059761

FILED
Jan 19, 2009
Secretary of State

Entity Name: BADLANDS REALTY GROUP, LLC

Current Principal Place of Business:

5209 SUFFOLK DRIVE
BOCA RATON, FL 33496 US

New Principal Place of Business:

17189 ROYAL COVE WAY
BOCA RATON, FL 33496 US

Current Mailing Address:

5209 SUFFOLK DRIVE
BOCA RATON, FL 33496 US

New Mailing Address:

17189 ROYAL COVE WAY
BOCA RATON, FL 33496 US

FEI Number: 02-0808791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.
653 WEST 23RD STREET
SUITE 229
PANAMA CITY, FL 32405 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: STEINHARDT, ROGER M
Address: 5209 SUFFOLK DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Delete
Name: STEINHARDT, JUDITH
Address: 5209 SUFFOLK DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEINHARDT, ROGER M
Address: 17189 ROYAL COVE WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM (X) Change () Addition
Name: STEINHARDT, JUDITH
Address: 17189 ROYAL COVE WAY
City-St-Zip: BOCA RATON, FL 33496 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: ROGER M. STEINHARDT

MGRM

01/19/2009

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