

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063986

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: RLS 2909, LLC

**Current Principal Place of Business:**

C/O DEZER PROPERTIES  
89 FIFTH AVENUE, 11TH FLOOR  
NEW YORK, NY 10003

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DEZER PROPERTIES  
89 FIFTH AVENUE, 11TH FLOOR  
NEW YORK, NY 10003

**New Mailing Address:**

FEI Number: 26-1076027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRANT, BARRY M  
200 SOUTH BISCAYNE BLVD  
6TH FLOOR  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: SALMON, LESLIE  
Address: 89 FIFTH AVENUE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10003

Title: MGR ( ) Delete  
Name: SALMON, RICARDO  
Address: 89 FIFTH AVENUE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10003

**ADDITIONS/CHANGES:**

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: LESLIE SALMON

MRS

04/22/2009

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