2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000065068

Entity Name: R.T.M ENTERTAINMENT LLC.

Current Principal Place of Business:

318 INDIAN TRACE
623
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 671
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTHONY, PACE T
318 INDIAN TRACE
623
WESTON, FL 33326 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:	PACE, LOUIS F	
Address:	1283 NW 163RD TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	
Title:	MGRM	( ) Delete
Name:	KYLE, RONNIE	
Address:	26 SHINNECOCK TRAIL	
City-St-Zip:	MEDFORD LAKES, NJ 08055 US	
Title:	MGRM	( ) Delete
Name:	PETZE, LEONARD J	
Address:	P O BOX 541	
City-St-Zip:	MASHPEE, MA 02649 US	
Title:	MGRM	( ) Delete
Name:	AJET ENTERPRISES OF FLORIDA INC.	
Address:	P O BOX 671	
City-St-Zip:	N MIAMI BEACH, FL 33160	

ADDITIONS/CHANGES:

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: ANTHONY T. PACE RA 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date