

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086885

FILED
Apr 08, 2008
Secretary of State

Entity Name: RT FINANCIAL, L.L.C.

Current Principal Place of Business:

3825 HENDERSON BLVD., SUITE 208
TAMPA, FL 33629

New Principal Place of Business:

327 TALL OAK TRAIL
TARPON SPRINGS, FL 34688

Current Mailing Address:

3825 HENDERSON BLVD., SUITE 208
TAMPA, FL 33629

New Mailing Address:

327 TALL OAK TRAIL
TARPON SPRINGS, FL 34688

FEI Number: 26-1139546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN W. MOORE, P.A.
8200 BRYAN DAIRY ROAD, SUITE 300
LARGO, FL 33777 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: MAULORICO, RALPH B
Address: 3825 HENDERSON BLVD., SUITE 208
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: SCALON, THOMAS
Address: 3825 HENDERSON BLVD., SUITE 208
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAULORICO, RALPH B
Address: 327 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR (X) Change () Addition
Name: SCALON, THOMAS
Address: 327 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688

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: RALPH B MAULORICO

MGR

04/08/2008

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