

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090424

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: RES INTERACTIVE, LLC

## Current Principal Place of Business:

4800 BEACH BOULEVARD  
SUITE 10  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

4800 BEACH BOULEVARD  
SUITE 10  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 26-1160080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, JASON K  
1616 JORK ROAD  
SUITE 402  
JACKSONVILLE, FL 32207 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: PECCI, LOUIS J  
Address: 4800 BEACH BOULEVARD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: PECCI, ALEX R  
Address: 4800 BEACH BOULEVARD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: BERGER, LAWRENCE S  
Address: 4800 BEACH BOULEVARD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: MCCORKLE, MARK  
Address: 4800 BEACH BOULEVARD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: MCKINLEY, JOHN  
Address: 4800 BEACH BOULEVARD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: PORTER, JASON K  
Address: 1616 JORK ROAD, SUITE 402  
City-St-Zip: JACKSONVILLE, FL 32207

## 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:

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: JASON K.S. PORTER, ESQ.

RA

04/27/2009

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