

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000092257

FILED
Jun 30, 2009
Secretary of State**Entity Name:** CTN 509, L.L.C.**Current Principal Place of Business:**65-08 BOELSEN CRESCENT
REGO PARK, NY 11374**New Principal Place of Business:****Current Mailing Address:**65-08 BOELSEN CRESCENT
REGO PARK, NY 11374**New Mailing Address:****FEI Number:** 26-0901933**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHAPIRO, IRA R
16375 NE 18TH AVE #225
NORTH MIAMI BEACH, FL 33162 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: LEVY, TAMARA
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374**Title:** MGRM () Delete
Name: LEVY, ALEXANDR
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: LEVY, TAMARA
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374**Title:** MGR (X) Change () Addition
Name: LEVY, ALEXANDR
Address: 65-08 BOELSEN CRESCENT
City-St-Zip: REGO PARK, NY 11374

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: TAMARA LEVY

MGR

06/30/2009

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