

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092293

FILED  
Sep 14, 2009  
Secretary of State

Entity Name: RAKONTUR SHORT FORM LLC

## Current Principal Place of Business:

1000 LINCOLN RD  
STE 206  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

4334 ALTON ROAD  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

1000 LINCOLN RD  
STE 206  
MIAMI BEACH, FL 33139 US

## New Mailing Address:

4334 ALTON ROAD  
MIAMI BEACH, FL 33140 US

FEI Number: 26-0867564      FEI Number Applied For ( )      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:

RAKONTUR LLC  
1000 LINCOLN RD  
STE 206  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

RAKONTUR LLC  
4334 ALTON RD  
MIAMI BEACH, FL 33140 US

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: ALFRED SPELLMAN

09/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RAKONTUR LLC  
Address: 1000 LINCOLN RD STE 206  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RAKONTUR LLC  
Address: 4334 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ALFRED SPELLMAN

MGRM

09/14/2009

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