

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106781

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROYAL FLUSH FARM LLC.

Current Principal Place of Business:

1800 HAMMOCK BLVD
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

1800 HAMMOCK BLVD
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 26-1246611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRA, JULIE
1800 HAMMOCK BLVD
COCONUT CREEK, FL 33063 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: MORRA, JULIE
Address: 1800 HAMMOCK BLVD
City-St-Zip: COCONUT CREEK, FL 33063

Title: MGR () Delete
Name: BLAKE, RICHARD
Address: 6834 ENTRADE PLACE
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: GARDNER, TOM
Address: 152 SYLAN ST
City-St-Zip: RUTHFORD, NJ 07070

Title: MGR () Delete
Name: PFEFFER, SCOTT
Address: 12014 BASIN ST
City-St-Zip: WELLINGTON, FL 33414

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: JULIE MORRA

MGRM

04/30/2009

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