

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032778

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: B D KOSOY RPP HOLDING, LLC

## Current Principal Place of Business:

ONE NORTH CLEMATIS STREET  
STE 305  
W PALM BEACH, FL 33401

## New Principal Place of Business:

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480

## Current Mailing Address:

ONE NORTH CLEMATIS STREET  
STE 305  
W PALM BEACH, FL 33401

## New Mailing Address:

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480

FEI Number: 26-2302992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSOY, BRIAN D  
ONE NORTH CLEMATIS STREET  
STE 305  
W PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

KOSOY, BRIAN D  
340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480 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:

03/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KOSOY, BRIAN D  
Address: ONE NORTH CLEMATIS STREET - STE 305  
City-St-Zip: W PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOSOY, BRIAN D  
Address: 340 ROYAL POINCIANA WAY, SUITE 316  
City-St-Zip: PALM BEACH, FL 33480

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: BRIAN D. KOSOY

MGRM

03/31/2009

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