

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037454

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** RESTORATION AQUARIUM, L.L.C.

**Current Principal Place of Business:**

435 NW 1ST AVENUE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 460304  
FORT LAUDERDALE, FL 33346

**New Mailing Address:**

**FEI Number:** 26-2404505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, MATTHEW L  
4606 HAMMOCK CIRCLE  
DELRAY BEACH, FL 33445 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: FRIEDMAN, MATTHEW L  
Address: 4606 HAMMOCK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: DANOFF, RYAN C  
Address: 421 SW 17TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES:**

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:** MATTHEW FRIEDMAN

MGRM

03/20/2009

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