

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000041729

FILED
Apr 02, 2009
Secretary of State**Entity Name:** LOFOTEN LLC**Current Principal Place of Business:**145 GREENBRIER STREET
MARCO ISLAND, FL 34145 US**New Principal Place of Business:****Current Mailing Address:**145 GREENBRIER STREET
MARCO ISLAND, FL 34145 US**New Mailing Address:****FEI Number:** 26-2498400**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROLFF LAW P.A.
100 SE 2ND STREET
2222
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**FRANKE, GERD O CPA
3838 TAMIAMIT TRAIL N.
SUITE 200
NAPLES, FL 34105 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: GERD FRANKE

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: FUCHS, WOLFGANG
Address: BIRKENWEG 8
City-St-Zip: KOENIGSTEIN, D 61462 D**Title:** MGRM () Delete
Name: FUCHS, ESTHER
Address: BIRKENWEG 8
City-St-Zip: KOENIGSTEIN, D 61462 D**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: WOLFGANG FUCHS

MGR

04/02/2009

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