

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082515

FILED
Apr 30, 2009
Secretary of State

Entity Name: RICK'S TURN, LLC

Current Principal Place of Business:

1717 NORTH BAYSHORE DRIVE
#1134
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 NORTH BAYSHORE DRIVE
#1134
MIAMI, FL 33132

New Mailing Address:

FEI Number: 26-3287032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLON, KIERAN P ESQ.
436 SW 8TH STREET
SUITE 200
MIAMI, FL FL 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: MGR () Delete
Name: GLEBER, PATRICK
Address: 1717 NORTH BAYSHORE DRIVE, #1134
City-St-Zip: MIAMI, FL 33132

Title: MGR () Delete
Name: GLEBER, RICHARD
Address: 890 OLD MILL ROAD
City-St-Zip: CORNELIA, GA 30531

Title: MGR () Delete
Name: GLEBER, CAROL A
Address: 3010 WREN LANE
City-St-Zip: RICHARDSON, TX 75082

Title: MGRM () Delete
Name: GLEBER, PATRICK
Address: 1717 NORTH BAYSHORE DRIVE, #1134
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: GLEBER, RICHARD
Address: 890 OLD MILL ROAD
City-St-Zip: CORNELIA, GA 30531

Title: MGRM () Delete
Name: GLEBER, CAROL A
Address: 3010 WREN LANE
City-St-Zip: RICHARDSON, TX 75082

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:

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: CAROL A. GLEBER

MGRM

04/30/2009

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