2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M03000003409

Entity Name: XYLOPHONE, LLC

Current Principal Place of Business:

6400 PARK OF COMMERCE
#1
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

6400 PARK OF COMMERCE BLVD
STE 2
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 32-0094601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	MILIN, IRENE	
Address:	6400 PARK OF COMMERCE STE # 2	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	AMEN, GAIL	
Address:	6400 PARK OF COMMERCE STE # 2	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	MILIN, IRENE	
Address:	6400 PARK OF COMMERCE STE #2	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	APRIL EQUITIES LLC	
Address:	803 WEST AVE	
City-St-Zip:	ROCHESTER, NY 14611	
Title:	MGMR	( ) Delete
Name:	ROCK DEVELOPMENT, INC	
Address:	1800 E. SARAH AVENUE #107	
City-St-Zip:	LAS VEGAS, NV 89104	

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:	

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: GAIL AMEN MGR 05/01/2009

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