

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000185

FILED
Jun 15, 2009
Secretary of State

Entity Name: REVENUE RESPONSE NETWORK, LLC

Current Principal Place of Business:

14 ISLA BAHIA DR
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

14 ISLA BAHIA DRIVE
FORT LAUDERDALE, FL 33316

Current Mailing Address:

25 COLUMBUS CIRCLE
APT. 75C
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 20-0554185 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:

TROSCLAIR, LOU T
14 ISLA BAHIA DR
FORT LAUDERDALE, FL 33316 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: LUMINA PACIFICA, INC.
Address: P.O. BOX 2151
City-St-Zip: TEMECULA, CA 92593

Title: MGRM () Delete
Name: TROSCLAIR, LOU T
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: FEDER-TROSCLAIR FAMILY TRUST
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: TROSCLAIR-FEDER FAMILY TRUST
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

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:

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: LOU TROSCLAIR

MR

06/15/2009

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