

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002648

FILED  
Apr 23, 2010  
Secretary of State

Entity Name: REDFISH I LLC

**Current Principal Place of Business:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 20-4847720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEVER, DAVID A  
C/O DLA PIPER RUDNICK GRAY CARY US LLP  
101 E. KENNEDY, STE 2000  
TAMPA, FL 33602 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  
Name: SEAMAN, JEFFREY  
Address: 400 PERIMETER CENTER TERRACE, SUITE 800  
City-St-Zip: ATLANTA, GA 30346

Title: PS  
Name: STEIN, LEWIS  
Address: 11540 HWY 92 EAST  
City-St-Zip: SEFFNER, FL 33584

Title: VS  
Name: SHEER, JAMIE  
Address: 11540 HWY 92 EAST  
City-St-Zip: SEFFNER, FL 33584

Title: V  
Name: WEITZNER, PETER  
Address: 400 PERIMETER CENTER TERRACE, SUITE 800  
City-St-Zip: ATLANTA, GA 30346

Title: V  
Name: FINKEL, JEFFREY  
Address: 400 PERIMETER CENTER TERRACE, SUITE 800  
City-St-Zip: ATLANTA, GA 30346

Title: VST  
Name: KETTLE, J MICHAEL  
Address: 400 PERIMETER CENTER TERRACE, SUITE 800  
City-St-Zip: ATLANTA, GA 30346

I hereby 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: LEWIS STEIN

PS

04/23/2010

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