

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000196

FILED  
May 26, 2009  
Secretary of State

Entity Name: PERDITA, L.L.C.

## Current Principal Place of Business:

C/O AMERICAS PROPERTY MANAGEMENT CORP.  
10598 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

## New Principal Place of Business:

C/O BIXBY BRIDGE CAPITAL, LLC  
2550 MIDWAY ROAD, SUITE 220  
CARROLLTON, TX 75006

## Current Mailing Address:

C/O LYSANDER, L.L.C.  
2550 MIDWAY RD., SUITE #220  
CARROLLTON, TX 75006

## New Mailing Address:

C/O BIXBY BRIDGE CAPITAL, LLC  
2550 MIDWAY ROAD, SUITE 220  
CARROLLTON, TX 75006

FEI Number: 36-4172303      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: MGRM ( ) Delete  
Name: COLBURN, DAVID D  
Address: 555 SKOKIE BLVD., SUITE 555  
City-St-Zip: NORTHBROOK, IL 60062

## ADDITIONS/CHANGES:

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: DAVID D. COLBURN

MGRM

05/26/2009

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