

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066557

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** ENGLEWOOD PARTNERS, L.L.C.

**Current Principal Place of Business:**

815 E. 63RD PLACE  
INDIANAPOLIS, IN 46220

**New Principal Place of Business:**

**Current Mailing Address:**

330 S PINEAPPLE AVE STE 160  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 20-1687663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFFMAN, GARY ESQ  
C/O DUNLAP & MORAN, P.A.  
22 S LINKS AVENUE, SUITE 300  
SARASOTA, FL 34236 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: SCHERRER, PAUL A  
Address: 815 E 63RD PLACE  
City-St-Zip: INDIANAPOLIS, IN 46220

**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: PAUL A. SCHERRER

MGR

01/16/2009

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