

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037517

**FILED**  
**Jan 17, 2009**  
**Secretary of State**

**Entity Name:** READ & ASSOCIATES LLC

**Current Principal Place of Business:**

1110 BRICKELL AVE.  
SUITE 410  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1110 BRICKELL AVE.  
SUITE 410  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 81-0669804      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

SCHOENWALDER, TIMOTHY G  
1203 GOVERNORS SQUARE BLVD.  
SUITE 500  
TALLAHASSEE, FL 32301 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: READ, AARON C  
Address: 784 GLENRIDGE RD  
City-St-Zip: KEY BISCAYNE, FL 33149

**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: AARON CARL READ

MGR

01/17/2009

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