2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L05000043038

Entity Name: KWEST PARTNERS, LLC

Current Principal Place of Business:

633 FISHING CREEK VALLEY ROAD
HARRISBURG, PA 17112 US

New Principal Place of Business:

Current Mailing Address:

633 FISHING CREEK VALLEY ROAD
HARRISBURG, PA 17112 US

New Mailing Address:

FEI Number: 20-2774413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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:	PASCOTTI, ANTHONY A	
Address:	633 FISHING CREEK VALLEY ROAD	
City-St-Zip:	HARRISBURG, PA 17112 US	
Title:	MGR	(X) Delete
Name:	GALIARDO, FREDERICK T	
Address:	633 FISHING CREEK VALLEY ROAD	
City-St-Zip:	HARRISBURG, PA 17112 US	
Title:	MGR	( ) Delete
Name:	NOVINGER, JAMES D	
Address:	633 FISHING CREEK VALLEY ROAD	
City-St-Zip:	HARRISBURG, PA 17112 US	

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:	

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: ANTHONY A PASCOTTI MRG 04/01/2009

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