

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053962

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: AGELESS PARTNERS, L.L.C.

**Current Principal Place of Business:**

373 MAGNOLIA PLACE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

373 MAGNOLIA PLACE  
DEBARRY, FL 32713

**New Mailing Address:**

FEI Number: 11-3767429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEINBAUM, KAREN L  
373 MAGNOLIA PLACE  
DEBARY, FL 32713 US

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

STEINBAUM, JEREMY D  
373 MAGNOLIA PLACE  
DEBARY, FL 32713 US

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: JEREMY D. STEINBAUM

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEINBAUM, KAREN L  
Address: 373 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete  
Name: STEINBAUM, JEREMY D  
Address: 373 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STEINBAUM, KAREN L  
Address: 295 WALNUT RIDGE CIR  
City-St-Zip: LAKE MARY, FL 32746

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: JEREMY D. STEINBAUM

MGRM

04/27/2009

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