

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089741

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** KATSUR EQUITY PARTNERS, LLC

**Current Principal Place of Business:**

176 S. SHADOW BAY BLVD.  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

176 S. SHADOW BAY BLVD.  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-3772981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATSUR, JAMES T  
926 GREAT POND DRIVE  
2003  
ALTAMONTE SPRINGS, FL 32779 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: KATSUR, JAMES T  
Address: 176 S. SHADOW BAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Delete  
Name: KATSUR, JOSHUA R  
Address: 963 CHERRY BRANCH COURT  
City-St-Zip: HEATHROW, FL 32746 US

**ADDITIONS/CHANGES:**

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: JOSHUA R KATSUR

MGRM

04/16/2009

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