

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120717

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: FATEMCALLISTERLLC

**Current Principal Place of Business:**

3805 W. GRANADA ST.  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3805 W. GRANADA ST.  
TAMPA, FL 33629 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
#347  
PEMBROKE PINES, FL 33027 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: FATE, PAUL  
Address: 3805 W. GRANADA ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: FATE, KAREN  
Address: 3805 W. GRANADA ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: MCALLISTER, PAUL  
Address: 3805 W. GRANADA ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: MCALLISTER, JANET  
Address: 3805 W. GRANADA ST.  
City-St-Zip: TAMPA, FL 33629 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:

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: KAREN L. FATE

MGRM

02/16/2009

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