

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071587

Entity Name: XVEST PARTNERS, LLC

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

9995 GATE PARKWAY NORTH, SUITE 150  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY NORTH, SUITE 150  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 26-3046827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WODRICH, MICHAEL A  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207 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  
Name: CRAWFORD, FELIX A  
Address: 9995 GATE PARKWAY SUITE 150  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR  
Name: CANNAN, JAMES  
Address: 9995 GATE PARKWAY SUITE 150  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR  
Name: WODRICH, MICHAEL A  
Address: 1301 RIVERPLACE BLVD SUITE 1500  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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: FELIX A CRAWFORD

MGRM

02/16/2011

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