

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004925

FILED  
Jul 14, 2011  
Secretary of State

**Entity Name:** GUIDEPOST SOLUTIONS LLC

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSINGS  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

800 VILLAGE SQUARE CROSSING  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

800 VILLAGE SQUARE CROSSINGS  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 80-0581535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SCHWARTZ, BART  
Address: 415 MADISON AVENUE, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM  
Name: ROSETTI, JOSEPH  
Address: 415 MADISON AVENUE, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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: JOSEPH ROSETTI

MRGM

07/14/2011

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