2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# L99000005274

Entity Name: 1099, L.C.

Current Principal Place of Business:

750 U.S. HWY 41 BYPASS SOUTH
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

50 CENTRAL AVE.
SUITE 900
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0943563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOSCH, JOHN
50 CENTRAL AVE
SUITE 900
SARASOTA, FL 34236 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:	1099 MANAGEMENT COMPANY LLC	
Address:	50 CENTRAL AVE, SUITE 900	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VPS	( ) Delete
Name:	TOSCH, JOHN	
Address:	50 CENTRAL AVE, SUITE 900	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VP	( ) Delete
Name:	CURTSINGER, SHELBY	
Address:	750 U.S. HWY 41 BYPASS SOUTH	
City-St-Zip:	VENICE, FL 34292	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PST	(X) Change ( ) Addition
Name:	TOSCH, JOHN	
Address:	50 CENTRAL AVE, SUITE 900	
City-St-Zip:	SARASOTA, FL 34236	
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: JOHN TOSCH PST 09/02/2009

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