

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001242

Entity Name: SOLACE INSURANCE, LLLP

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

12505 STARKEY RD., A  
LARGO, FL 33773

**New Principal Place of Business:**

12505 STARKEY RD.  
A  
LARGO, FL 33773

**Current Mailing Address:**

12505 STARKEY RD., A  
LARGO, FL 33773

**New Mailing Address:**

12505 STARKEY RD.  
A  
LARGO, FL 33773

FEI Number: 56-2393684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHILDRESS, ROBERT E  
8701 MERRIMOOD BLVD. EAST  
LARGO, FL 33777 US

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

CHILDRESS, ROBERT E MGR  
8701 MERRIMOOD BLVD. EAST  
LARGO, FL 33777 US

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: ROBERT E. CHILDRESS

02/10/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L03000031568  
Name: SOVEREIGN GROUP, LLC  
Address: 12505 STARKEY RD., A  
City-St-Zip: LARGO, FL 33773

**ADDRESS CHANGES ONLY:**

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ROBERT E. CHILDRESS

MGR

02/10/2009

Electronic Signature of Signing General Partner

Date