2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B0600000038

Entity Name: SESSIONS, FISHMAN, NATHAN & ISRAEL, L.L.L.P.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 300-	PORATE LAK -S . 336342367	E DRIVE		
Current Mailing Address:			New Mailing Address:	
SUITE 300-	PORATE LAK -S . 336342367	E DRIVE		
FEI Number: 72-0507813		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:
9009 CORF	CO, ELIZABE PORATE LAK . 336342367	E DRIVE SUITE 300-S		
The above in the State		submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both
SIGNATUR	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #: Name: Address: City-St-Zip: Document #: Name:	TAMPA, FL 33	ATE LAKE DRIVE SUITE 300-S 6342367 DAVID LES AVE., SUITE 3500 S, LA 70170	Address: City-St-Zip: Address: City-St-Zip:	
Address: City-St-Zip: Document #:		LES AVE., SUITE 3500	Address: City-St-Zip:	
Name: Address: City-St-Zip: Document #:	NEW ORLEAN:	.ES AVE., SUITE 3500 S, LA 70170	Address: City-St-Zip:	
Name: Address: City-St-Zip: Document #:	NATHAN, MAX 201 ST. CHARL NEW ORLEAN:	LES AVE., SUITE 3500	Address: City-St-Zip:	
Name: Address:	BRAUN, JOY 201 ST. CHARL	LES AVE SUITE 3500	Address:	

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.

City-St-Zip:

SIGNATURE: ELIZABETH FITE BLANCO MS. 04/07/2009

City-St-Zip: NEW ORLEANS, LA 70170