

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000986

FILED
May 01, 2009
Secretary of State

Entity Name: CAPITAL CITY PARTNERS, L.L.C.

Current Principal Place of Business:

201 S. MONROE ST.
SUITE 501
TALLAHASSEE, FL 32301

New Principal Place of Business:

401 E. VIRGINIA STREET
THE CHESLEY HOUSE
TALLAHASSEE, FL 32301

Current Mailing Address:

201 S. MONROE ST.
SUITE 501
TALLAHASSEE, FL 32301

New Mailing Address:

P. O. BOX 1454
TALLAHASSEE, FL 32302

FEI Number: 16-1650421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BATEMAN, FREDERICK L JR
300 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BATEMAN, FREDERICK L JR
401 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BATEMAN, FREDERICK L JR.
Address: 300 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BATEMAN, FREDERICK L JR.
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: FREDERICK L. BATEMAN, JR.

MGRM

05/01/2009

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