

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005921

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** LODER MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

404 1ST STREET NORTH, SUITE 5  
INDIAN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

3001 EXECUTIVE DRIVE  
SUITE 217  
CLEARWATER BEACH, FL 33763 US

**Current Mailing Address:**

404 1ST STREET NORTH, SUITE 5  
INDIAN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

3001 EXECUTIVE DRIVE  
SUITE 217  
CLEARWATER BEACH, FL 33763 US

**FEI Number:** 59-3653906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, GERALD D  
1600 BANK OF AMERICA TOWER  
200 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

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

CAMPUZANO, LUIS M  
3001 EXECUTIVE DRIVE  
SUITE 217  
CLEARWATER, FL 33763 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: LUIS CAMPUZANO

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LODER, MATTHEW  
Address: POST OFFICE BOX 99  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGR ( ) Delete  
Name: POWERS, GREGORY P  
Address: POST OFFICE BOX 25  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS CAMPUZANO

CFO

01/21/2009

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