

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008209

FILED
May 02, 2010
Secretary of State

Entity Name: CPA RETIREMENT NETWORK, L.L.C.

Current Principal Place of Business:

8850 GOODBY'S EXEC. DRIVE
SUITE B
JACKSONVILLE, FL 32217

New Principal Place of Business:

8826 GOODBY'S EXEC. DRIVE
SUITE B
JACKSONVILLE, FL 32217

Current Mailing Address:

8850 GOODBY'S EXEC. DRIVE
SUITE B
JACKSONVILLE, FL 32217

New Mailing Address:

8826 GOODBY'S EXEC. DRIVE
SUITE B
JACKSONVILLE, FL 32217

FEI Number: 59-3614625 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:

TRAER, WILLIAM M III
8850 GOODBY'S EXECUTOVE DRIVE
SUITE B
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

TRAER, WILLIAM M III
8826 GOODBY'S EXECUTOVE DRIVE
SUITE B
JACKSONVILLE, FL 32217 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: _____

05/02/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TRAER, WILLIAM M III
Address: 8826 GOODBY'S EXECUTIVE DR, STE B
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR
Name: LINGE, JOHN B JR
Address: 8826 GOODBY'S EXECUTIVE DR, STE B
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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: WILLIAM M. TRAER III

MGR

05/02/2010

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