

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009690

FILED
Jan 08, 2008
Secretary of State

Entity Name: FLORIDIAN PARTNERS, LLC

Current Principal Place of Business:

235 CATALONIA AVENUE
CORAL GABLES, FL 331346704

New Principal Place of Business:

Current Mailing Address:

108 S. MONROE ST.
200
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-1029422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, CHARLES F
534 BOBBINBROOK LANE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PTR () Delete
Name: BARRETO, RODNEY
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: PTR () Delete
Name: GUZZO, GARY A
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: PTR () Delete
Name: MAY, BRIAN
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: PTR () Delete
Name: MALOY, PATRICK
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGMR () Delete
Name: DUDLEY, CHARLES
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: PTR () Delete
Name: REYES, ROBERT F
Address: 108 S. MONROE ST, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

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

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

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

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

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: CHARLES F. DUDLEY

MGMR

01/08/2008

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