2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2010
Secretary of State

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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:

108 S MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301 US

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
Name: BARRETO, RODNEY
Address: 108 SOUTH MONROE STREET, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

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

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

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 Statues.

SIGNATURE: CHARLES F DUDLEY PTR 03/24/2010

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