2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L00000010886

Entity Name: AGILE INVESTMENT MANAGEMENT, L.L.C.

Current Principal Place of Business:

2300 22ND STREET NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2300 22ND STREET NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3669230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, BRONSON R
2300 22ND STREET NORTH
ST. PETERSBURG, FL 33713 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:	MEM	( ) Delete
Name:	ALEXANDER, BRONSON R	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MEM	( ) Delete
Name:	GIBSON, ROBERT J	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MEM	( ) Delete
Name:	LUKAS, ALAN	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MGRM	( ) Delete
Name:	ALEXANDER, MARY L	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	MGRM	( ) Delete
Name:	BOLLAERT, JULIENE M	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	MGRM	( ) Delete
Name:	LUKAS, PEGGY A	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33713	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	ALEXANDER, BRONSON R	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MGRM	(X) Change ( ) Addition
Name:	GIBSON, ROBERT J	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MGRM	(X) Change ( ) Addition
Name:	LUKAS, ALAN	
Address:	2300 22ND STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:		( ) Change ( ) Addition
Name:		
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: ALAN LUKAS MGRM 01/21/2009

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